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TREATMENT OF HÆMOPTYSIS.

Dr. N. Malcom Buchanan, of Lawrence, N.Y., writes to ask us for a good treatment for hæmoptysis. In reply, we have much pleasure in informing him that during eleven years we have employed the following prescription to the exclusion of all others, with absolute satisfaction. We saw it recommended by Dr. Bartlett, of New York, in the *Buffalo Med. Journal* for September, 1878:

Tr. Digitalis.,	3 iss
Ol. Terebinth.,	3 iji
Ol. Ment. Pip.,	℥ x
Ac. Sulph. Aromat.,	3 iji
Alcoholis q. s. ad.	3 ij

Dose, 40 to 60 drops well mixed with sugar, to which one or more tablespoonfuls of water may be added, every two, three or four hours, according to the urgency of the hemorrhage.

Society Proceedings

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Regular Meeting, October 9th, 1889.

WM. GARDNER, M.D., PRESIDENT, IN THE CHAIR.

Dr. Johnston showed a specimen of deformity of the elbow joint, owing to gouty deposits.

Dr. Mills made some remarks upon the pathology of the disease, expressing the opinion that all the exuding organs were also secreting organs, and that gout was more probably due to faulty secretion rather than to chemical reactions in the blood.

Dr. Laphorn Smith remarked that gout was exceedingly rare in this country, he never having had a case to treat, while in England he had seen dozens of cases every day. He thought that this was due to the English people drinking too much beer, but not enough water to dissolve the acids in the blood.

Dr. Brown exhibited a specimen from a patient who died from general peritonitis resulting from rupture of a pyosalpinx.

Dr. Gardner said the case showed how difficult it was to diagnose such cases before rupture, but, if diagnosed, to operate.

Dr. De Cow showed a specimen of medullary cancer of the stomach, and gave a detailed history of the case. The liver was completely infiltrated with cancerous nodules. Vomiting of blood began only a week before death, but continued to the end.

As this was also the Annual Meeting, the Treasurer's report was read, which showed a small deficit, but as there were considerable outstanding assets the report was considered satisfactory.

It was moved by Dr. Ruttan, seconded by Dr. Shepherd, "That all resident Medical Officers of the Montreal Hospitals, should be ex-officio

members of the Society, during their term of residence." Carried.

The Election of Officers then took place, with the following result:—President, Dr. Armstrong; 1st Vice-President, Dr. Shepherd; 2nd Vice-President, Dr. Wesley Mills; Secretary, Dr. Birket; Treasurer, Dr. J. A. McDonald; Librarian, Dr. Reed.

MEETING OF THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

The Mississippi Valley Medical Association, on the 10th, 11th and 12th of September, met in its 15th annual session, at Evansville, Ind., the crescent city of the Ohio. Dr. A. M. Owens, than whom there is no more perfect chairman of the committee of arrangements, had everything to perfection. The President of the Association, Dr. Geo. F. Cook, of Indianapolis, presided over the meeting. He waived his right to make a presidential address, in view of the amount of scientific work to be done, as the programme showed 98 papers to be read. The majority of these were read during the three days session, though the time for discussion was rather limited. Much time was saved by grouping papers on kindred topics and discussing them together.

The election of officers resulted as follows:—President, Dr. Joseph M. Matthews, of Louisville, Ky.; 1st Vice-President, Dr. E. R. Earley, Ridgeway, Pa.; 2nd Vice-President, Dr. T. B. Harvey, Indianapolis, Ind.; Permanent Secretary, Dr. E. S. McKee, Cincinnati; Treasurer, Dr. C. F. McGahan, Chattanooga, Tenn.; Chairman Committee of Arrangements, Dr. I. N. Bloom, Louisville, Ky. Louisville was chosen as the next place of meeting; time, Sept. 9th, 10 and 11th, 1890.

To attempt to describe 98 papers would be entirely beyond the scope of this report, and will not be undertaken further than to say that all were good and many were excellent, showing that the physicians of the Mississippi Valley are up to the times, and are as full of energy as many of their patients are of malaria.

The social features of the meeting were not of little import. On the evening of the first day a banquet was given in a beautiful grove just out of the city, which was rendered perfect by perfect weather, everything else having been

perfected beforehand. A number of toasts were responded to which were called out by the ever eloquent toast master, Dr. I. N. Love, of St. Louis. A complimentary concert and ball were given on the evening of the second day, and many private social engagements were met. Evansville and her doctors covered themselves with glory.

AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS.

The second annual session of this organization was held at Cincinnati, Sept. 17, 18, 19, 1889, Dr. W. H. Taylor, Cincinnati, in the chair. A number of very interesting papers were read and discussed. Dr. E. E. Montgomery, of Philadelphia, was elected president for the ensuing year, and the next meeting will be held in Philadelphia, September, 2nd week, 1890.

In the address of Dr. Wm. H. Taylor, President of the Association, he expressed his satisfaction with the success of the first meeting at Washington, and hoped this second annual meeting would be as productive of scientific progress. He reviewed the advances made during the past year in this department of medicine, and referred to the increased accuracy in diagnosis which made the condemnation of laparotomy less frequent. The statistics of Munchmeyer and recent utterances of Sir Spencer Wells emphasize the propriety of uterine extirpation. The low death rate of myomata and great mortality from operation for their removal suggest rare resort to operative procedure. The management of the third stage of labor has been debated in Germany for several years with apparently small advantage to either combatant or science. One authority states that "one woman dies in Prussia every day from post-partum hemorrhage." So eminent an authority as D. Berry Hart has said that he considers the Crede the most dangerous plan possible for the removal of the placenta. With our idols being shattered about us, it behooves us to carefully survey the ground upon which our confidence is built.

The results of Casarean section recently, establish it as an operation of resort if the obstetrician would escape censure, and our judgment must determine to which cases the Porro modification is best adapted, and to

which the Saenger is most appropriate. Ectopic pregnancy, pelvic suppuration and craniotomy have such consideration on the programme that time spent on their discussion here would be superfluous.

No prophetic power is required, in the light of the progress in our branch of medicine in the past decade, to assure us that in the land still to be possessed there are wide possibilities, and we dare place no limit on the possible acquisitions of the near future. The Utopias of to-day may be the familiar dwelling places of to-morrow, and I can utter no better benediction than the hope that this Association may bear its full share in achieving these grand and glorious ends.

MEDICAL ASSOCIATION OF NORTHERN NEW YORK.

This association held its twentieth annual meeting at the Hotel Flanagan in this village on Tuesday, Oct. 1st, 1889, the president, J. B. Ransom, in the chair.

The meeting was called to order and the minutes read and approved. The president delivered his inaugural address. The address was submitted to the intelligence committee, consisting of Drs. Fairbanks, Van Vechten and Wilding. The subject of incorporation was considered by a committee of the whole. A vote of thanks was tendered to the Hon. J. P. Badger for the kind and liberal manner in which he had managed the business of procuring the act of incorporation for the society.

Dr. J. R. Johnson, of South Bangor, being duly elected, became a member of the society.

The following officers were duly elected for the current year:—President, Geo. H. Oliver; First Vice-President, F. H. Brewer; Second Vice-President, J. B. Nichols; Secretary, S. P. Bates; Corresponding Secretary, R. J. Wilding; Treasurer, T. Gay; Delegate to the State Society, R. J. Wilding. Trustees for the year: B. F. Sherman, H. A. Boland, T. Gay, C. Skinner, S. P. Bates, J. H. Smith, D. S. Kellogg.

By advice of the committee on intelligence the association was divided into four divisions: First, section of practice of medicine; second, section of surgery; third, section of obstetrics; fourth, section of pathology. Of the first section: Dr. D. S. Kellogg was appointed chairman and

Dr. Furness secretary; of the second section, Dr. J. B. Ransom chairman and Dr. J. S. Van Vechten secretary; of the third section, Dr. L. E. Felton chairman and Dr. E. LaRocque secretary; of the fourth section, Dr. B. F. Sherman chairman and Dr. W. N. Taylor secretary. It is the duty of the chairman of these departments to see that essays are written and subjects are presented for discussion pertaining to each department.

Drs. Fairbanks and Furness read instructive essays. Dr. Proudfoot, of Montreal, gave a short and instructive lecture on "Derangements of vision." Dr. T. B. Nichols read an essay on "Abdominal Abscess," which gave rise to an interesting discussion.

Owing to lack of time, other important matters were put over to the the next meeting.

Progress of Science.

TREATMENT OF PRURITUS ANI AND VULVÆ.

R. Sodi Hypophosph.,	1 drachm.
Acid. Carbol.,	$\frac{1}{2}$ drachm.
Glycerini Pur.,	1 ounce.
Listerine,	3 ounces.

M. Sig.—Use as a lotion.

BROMIDE OF POTASSIUM IN OVARIAN ACNE.

Dr. A. Jamieson (*London Pract.*) draws attention to the coincidence between acne and ovarian irritation, and its attendant menorrhagia. He treats such cases with bromide of potassium, which relieves the ovarian trouble and cures the acne.

IN GENERAL PRURITUS.

Dr. Icard states that salicylate of sodium has been markedly successful, after repeated failures with arsenic, bromide of potassium, atropine, sulphur baths, the alkalies and emollients. Dose: 15 grains daily. The symptoms disappeared in three days.

OZENA.

Dr. Sidlo washes out the nasal cavity daily with a 2 per cent. solution of chlorate of potassium, to which 10 per cent. of glycerine has been added. He then inserts rolls of cotton soaked in a mixture of glycerine and water, one to three, allowing the tampons to remain one hour.

NUX VOMICA IN CARDIAC FAILURE.

Dr. A. Bowie reports two cases of cardiac failure in which death seemed imminent, that were speedily relieved by small doses of the tincture of nux vomica every half hour for four doses, then every hour. He considers it the most valuable remedy that we have.—*London Lancet*.

CHRONIC INTERSTITIAL NEPHRITIS.

For a man with chronic interstitial nephritis, Professor Da Costa ordered a diet of milk, fish, etc., and occasional laxative of Rochelle salts, and—

R. Caffeinæ, 3 grains.
Sodii Salicylat, 3 grains.
Syrup. Aurantii, 2 drachms.
Aque Destillat, pp. æq. ad 4 drachms.

THYMOL IN PHTHISIS.

In the treatment of phthisis, Philipowitsch (Wratsch, 1888, Nos. 48 and 49) has employed thymol, giving 2½ grains every hour in gelatine capsules. No evil effects were produced, and several times the drug seemed very useful where tubercular ulceration of the bowel was present. During hæmoptysis the remedy was used without evil effects.—*Cent. für klin. Med.*

ALUM IN OBSTINATE HÆMATURIA.

Dr. H. D. Didana, of Syracuse, N.Y., has cured five cases of hæmaturia by administering 60 grains of alum in the course of twenty-four hours. He gave 20 grains in a goblet of water three times a day. In these large doses, and being well diluted, it did not constipate the bowels. This treatment succeeded after the failure of other remedies.—*Jour. Amer. Med. Assoc.*

TYPHOID FEVER.

Ziensen thinks calomel has a decidedly beneficial effect on typhoid fever when given at the right time—that is within the first five days of the illness. He gives grs. vijs., three times within two hours. He speaks very highly of antipyrine as an antipyretic, of which he administers 5 grammes in three divided, hourly doses, beginning at 6 p.m. He also recommends thalline and acetanilide for the same purpose, but objects to quinine.—*Can. Lancet*.

ULCERATION OF THE EAR.

A case of chronic ulceration of the ear, emitting a fetid discharge, was treated by the following:—

R. Acid Nitrici, 10 drops.
Aque, 8 ounces.

A teaspoonful of this mixture thrown into the ear two or three times a day, put a stop to the disease in less than a week.

SUPPOSITORIES FOR CYSTITIS.

R. Iodoform, 1½ grains.
Extract of Hyoscyamus, 1 grain.
Cocoa Butter, 45 grains.

M. Make one suppository, and introduce high up into the rectum. The bladder should be washed morning and evening with luke-warm water. If there be any urethral irritation, a pill containing 1½ grains of terpene should also be taken morning and evening.

THE DIAGNOSIS OF HERNIA.

Dr. Multanovski suggests the addition of a new diagnostic sign to the classical method of diagnosing abdominal hernia. Having made observations on one hundred and fifty-two cases of hernia in Professor Bogdanovski's wards, he states that in all these, when the finger was passed up into the abdomen, a more or less tightly stretched strap-like band could be detected connecting the contents of the sac with those of the abdomen.—*Amer. Practit. and News*.

CREOSOTE IN DIABETES.

Two cases of diabetes have been treated with excellent results by Valentini by means of creosote administered internally. In one case four drops per diem were given at first, this quantity being afterwards increased to ten drops. Under this treatment the sugar disappeared, and did not return when the patient began to eat starchy food. The other patient was given six drops per diem, and did equally well.—*London Lancet*.

LANOLIN-SUBLIMATE.

Although most antiseptics lose their germicidal properties when dissolved in oil or alcohol, sublimate-lanolin, according to Gottstein, acts as powerfully disinfectant as a watery solution of sublimate. A salve is prepared by adding to a fixed quantity of lanolin, freed from water, a given weight of 1 to 1,000 or 1 to 5,000 sublimate solution. The antiseptic value of this mixture was attested by numerous experiments on animals.—*Therapeutische Monatshefte*.—*International Journal of Surgery*.

TREATMENT OF ERYSIPELAS. ●

Dr. C. Lauenstein has successfully used the method of Kraske-Riedel in five cases of severe erysipelas of the head and neck. The treatment consisted in surrounding the erysipelatous area with a broad zone of numerous fine incisions, from six to eight centimetres in length and crossing each other. The parts are first thoroughly disinfected, and after incision as

much as possible of the serous infiltration is removed by pressure, and a wet dressing of corrosive sublimate, 1 to 1,000 applied, which is changed once or twice daily. Under this treatment the erysipelatous redness and the constitutional symptoms disappear rapidly, and it is seldom necessary to repeat the incisions.—*Deutsche Medicinische Wochenschrift*.—*International Journal of Surgery*.

THE LOCAL USE OF HYDRASTIS. CANADENSIS.

The astringent and at the same time weak local anæsthetic action of hydrastin has led Falesenber (*Wiener med. Blatter*, 1888, No. 48, p. 1525) to employ the fluid extract of hydrastis in cases of chronic pharyngitis accompanied with tonsillar hypertrophy. On painting the affected mucous membrane several times daily, a distinct decrease of the redness and swelling became evident. The subjective symptoms quickly abated; the patient became readily habituated to the bitter taste.—*Cent. für klin. Med.*

SALICYLIC ACID AS A DIURETIC.

After a series of investigations on this subject, Huber concludes that salicylic acid is one of the safest and most important diuretics. The greatest increase in the amount of urine seems to occur in rheumatic fever and serous pleurisy, whether the temperature is raised or not. In all cases the total loss of water by the skin and urine was increased, and the solids of the urine were increased. In ordinary pleurisy and in four cases of cardiac dropsey the drug acted well.—*Lancet and Clinic*.

NOVEL METHOD OF DETECTING A PERFORATION OF THE MEM- BRANA TYMPANI.

In the *Boston Medical and Surgical Journal* for May 30, 1889, Dr. E. D. Spear calls attention to the following novel method of detecting a perforation of the membrana tympani:

While looking into the auditory canal in the ordinary manner, with speculum and mirror, hold a piece of clear, cold glass close to the speculum, have the patient do the "Valsalvian" experiment, and if a perforation exists the vapor of the breath will be condensed upon the glass and obscure the view.

ICE-BAGS IN THE NIGHT-SWEATS OF PHTHISIS.

Prof. Rosenbach, of Breslau, recommends in the *Berliner klin. Wochenschrift*, No. 15, 1889, the use of ice-bags for the night-sweats of

phthical patients. These bags, moderately filled, are laid during several hours of the night upon the abdomens of the patients. This remedy, he says, is generally well borne, especially by those patients who have a rise of temperature in the evening, and is of service in many cases in which atropine and the dusting of the body with powdered salicylic acid have failed. The bags, he says, can be used for many nights without harm to the patient.

DIAGNOSIS OF PERICARDITIS.

M. Puis, of Vienna (cited in *La France Medicale*, No. 27), has drawn attention to the presence in pericarditis (with effusion?) of a limited strip of dullness posteriorly extending from two fingers' breadth above the angle of the scapula to two fingers' breadth below the inferior border of the lung, and limited by the spinal column on the right. Bronchial breathing, bronchophony, and increased vocal vibration occur over this area. But when the patient is in the prone or knee-elbow position, the dullness is replaced by a tympanitic note, the bronchial breathing disappears, and friction becomes audible.—*London Lancet*.

HARMLESSNESS OF SACCHARIN.

The *London Medical Recorder*, April, 1889, says, with reference to the generally current idea that the use of saccharin is injurious, the following report has been published by Dr. Thomas Stevenson, official analyst of the Home Office:—1. Saccharin is quite innocuous when taken in quantities largely exceeding what would be taken in any ordinary dietary. 2. Saccharin does not interfere with or impede the digestive processes when taken in any practicable quantity. 3. His personal experience is that saccharin may be taken for an extended period without interfering with the digestive and other bodily functions; hence there is no reason to think that its continued use is in any way harmful.

STROPHANTHUS HISPIDUS—ITS AC- TION UPON THE HEART.

Drs. Weidman and Rosenbush give the following action of *Strophanthus*:

1. It increases the systolic force, prolonging the latter; augments the tension of the arterial vasa, and decreases the heart's action.
2. It strengthens the cardiac muscle and regulates the heart's work.
3. It has some diuretic action as well in heart and kidney affections.
4. It does not disturb digestion as other heart poisons (for example, *Digitalis*) do.

5. No symptoms of cumulative action arise from its use.

6. There is less compensational disturbance from its use than is found in *Digitalis*.

7. The best form for use is the alcoholic tincture, which contains all of the bitter glucosides of the drug.

8. In stenosis of the aortic valve its action is negative; as it does not materially prolong the systole it gives little relief in this disease.—*Notes on New Rem.*

NITRO-GLYCERINE IN EMERGENCIES.

Dr. Joseph Burroughs, in an extended article in the *Lancet*, proclaims the advantages of nitro-glycerine in emergencies in which alcohol is thought to be indicated. One to three drops of a one per cent. solution is the dose employed. Amongst the diseases and conditions enumerated, in which it has proved of marked value, may be mentioned angina pectoris, nausea and faintness during minor surgical operations, spasmodic asthma, acute prostration from various causes, hysterical aphonia, acute alcoholism, opium poisoning, uremic coma, nephritis, and moribund state.

An anæsthetist should always have a vial of the solution close at hand, especially when chloroform is being administered.

TREATMENT OF RICKETS.

The treatment of rickets should be by food rather than by drugs. Raw meat is of more value than iron, and cream or fresh milk than cod-liver oil. The diet must be carefully examined to see that it contains a due proportion of fat, proteids and salts. A sufficiently close estimate is easily made, since the composition of milk and of all foods used for children is accurately known. The amount of animal fat in a rickety child's food must equal at least one-fourth of the total solids taken; proteids and carbohydrates about one-third, and salts about one-tenth. Such a diet will cure rickets without drugs. Iron is often a useful adjunct. The salts of lime may be added in the form of lactophosphate. Potent aids are sunlight, fresh air, and warm clothing.—*Lancet*.

THE INFLUENCE OF ANTIPYRIN ON THE SOLUBILITY OF QUININE SALTS.

In the *American Journal of Pharmacy* for June, 1889, attention is called to the increase of solubility of quinine salts in the presence of antipyrin. Triulzi noticed that if fifteen and a half grains of hydrochlorate of quinine were heated with six or seven and a half grains of antipyrin and thirty-two minims of water, solution takes place at 77° to 86° F.; with three to

four grains of antipyrin, at 105° to 122°. Fifteen and a half grains of hydrochlorate of quinine with thirty-two minims of water, dissolves at 125.5° to 182.8°. On cooling, only the last solution deposits the quinine salt. Similar results were obtained with valerianate of quinine. This observation may be of value in preparing neutral quinine solutions for subcutaneous injections.

GLYCERINE INJECTIONS IN THE DIARRHŒA AND PROLAPSE OF CHILDREN.

Dr. George Rice (*London Practitioner*) reports seven cases in which persistent diarrhœa accompanied by great wasting, yielded to the injection into the rectum of two drachms of glycerine. In no case did he find it necessary to use more than three injections. Where prolapse was present it soon ceased to recur, as the little patient gained strength. Dr. Rice has also found, that where looseness of the bowels supervened in the course of other affections, such as pneumonia, the same happy results attended the injection of two drachms of glycerine. The injections cause neither pain nor discomfort. How glycerine proves so beneficial both in diarrhœa and constipation, Dr. Rice does not pretend to say, though he thinks it possible these troubles might spring from a common cause.

BISMUTH SALICYLATE IN THE TREATMENT OF DISEASES OF CHILDREN.

Dr. Khring has employed bismuth salicylate (Merck's) in 200 cases of dyspepsia, acute and chronic gastric catarrh, gastro-intestinal catarrh, enteritis, phthisical diarrhœa, acid diarrhœa, and dysentery. He gives it, suspended in glycerine or mucilage, because of its insolubility, and because children take pills and powders badly. It is not contra-indicated in constipation. The urine soon becomes more acid, and given a distinct salicyl reaction; the stools never give this reaction, but quickly become dark in color. He has never seen symptoms of poisoning. He is far from seeing in the remedy a panacea for all cases, but says that when combined with a suitable diet it is most useful and worthy of trial. Its action on the urine suggests that its employment in cystitis may be advantageous.—*London Medical Recorder*.

TREATMENT OF SYCOSIS.

Dr. Jackson, as the result of his experience in the treatment of sycosis, gives the following advice: In acute cases where there is much pustulation, epilate or "curette," and apply boracic-acid ointment, or Lassar's paste with salicylic acid. Give one-tenth of a grain of calcium

sulphide in fresh tablet triturates every one or two hours. If an acute outbreak of pustules occurs under it, stop it until a subsidence of the eruption takes place, and then begin again. In subacute cases, where there is not so much pustulation but more redness and the disease is more patchy, epilate or curette and use Bronson's ointment (hydrarg. ammon. ʒj; hydrarg. chlor. mitis, ʒij; vaselin., ʒj), or one of sulphur, tar or other mild stimulant. Or use soap frictions, followed by protective ointments. In chronic cases, epilate or curette, or apply a solution of caustic potash carefully to the diseased parts. Locally, employ strong ointments or solutions of tar, provided caustic potash has not been used. If caustic potash has been used, then apply a simple soothing dressing. The use of tar in alcohol, as proposed by Pick, of Prague, has of late given brilliant results in his hands in some cases of chronic eczema. Soap frictions are also valuable at this time. As chronic and subacute cases may take on acute forms under stimulating treatment, we must be prepared at any moment to apply more soothing methods of cure according to indication.—*Journal of Cutaneous and Genito-Urinary Diseases.*

OPIUM IN THE INTESTINAL HEMORRHAGE OF TYPHOID FEVER.

Dr. J. A. Lindsay, of Belfast, writing on hemorrhage from the bowel in typhoid fever, says that he has always been accustomed to follow Murchison's instructions, and has given tannic acid, laudanum and turpentine, with ice externally and ergotin by hypodermic injections. Some good authorities prefer to omit the turpentine, but he cannot say that he has ever seen any harm resulting from its use, and its power as a hæmostatic is undoubted. In one of his cases he gave laudanum pretty freely, in spite of the presence of albumen in the urine, and with good results—no sign of narcotism appearing. He is disposed to think that in intestinal hemorrhage, as in hæmatocele and other forms of internal bleeding, opium may be given fearlessly, and pushed even to heroic doses. Stimulants are certainly required in some cases, but must be regulated with much caution. Whilst intestinal hemorrhage in typhoid fever is a serious symptom, it is by no means usually fatal, and prompt and decisive treatment is called for, and will often prove effectual.—*Dublin Journal of Med. Sciences.*

PILOCARPINE IN ECLAMPSIA.

Pilocarpine may be said to be on its trial as a remedy in the dreaded convulsions of puerperal eclampsia, and it is important to note the results which are from time to time reported as following its use. On the whole the reports are decidedly favorable, and a case recently published in a

French contemporary shows clearly enough that in certain cases the drug may be relied upon to conjure the attack. In this particular case the attack had come on during labor, and was not relieved on the evacuation of the contents of the uterus—indeed, the condition of the patients on the following day was simply desperate. The injection of a third of a grain of pilocarpine at this critical moment is reported to have produced a most remarkable effect. After an abundant diaphoresis, lasting over half an hour, the pulse returned in the radial arteries and the surface temperature was restored. No further convulsions occurred, and in the course of a day or two, the injections being continued night and morning, albumen disappeared from the urine, the patient becoming convalescent. The effects were too clear and too prompt for the results to be attributed to any other influence, and the remedy is one which should always form part of the armamentarium of the obstetric physician.—*Med. Press.*

AN EXORBITANT FEE (FACT).

A correspondent writes:—A woman brought her daughter to a friend of mine practising in the "Pottery" district. The girl had dislocated her jaw, which dislocation was soon reduced by the usual method, and a bandage applied to keep it in position. On being asked the fee, my friend, not having had a similar case in private practice, went into another room and consulted a tariff of medical charges published by the Shropshire Ethical Society, and found "for reducing dislocation of jaw, 1 to 3 guineas." Seeing that the woman was not in good circumstances he felt that the minimum fee was not likely to be forthcoming, so he tentatively asked whether the girl had ever had the jaw out before. "Oh, yes, sir," she replied, "about twelve months ago, and was treated by a doctor at——." "How much did he charge you?" "A shilling, sir." "Didn't that strike you as being a somewhat peculiar fee?" "Well, sir," was the reply, "*we did think it a good deal.*"—*Birmingham Med. Review.*

LACTIC ACID IN LARYNGEAL PHTHISIS.

A Sakolowski (*Wienier klin. Wochen.*, 1888, Nos. 4 and 5) maintains that laryngeal tuberculosis is curable, and that methodical local treatment, in addition to general treatment, is indispensable.

Out of 50 cases not treated locally, only 16 per cent. improved. On the other hand, in 50 cases where such treatment was employed, 80 per cent. improved. The most favorable cases are those in which fever is absent, the general condition good, and the lungs but slightly consolidated.

Amongst local applications in laryngeal phthisis, he says: "Lactic acid occupies a most prominent position. The part affected should be painted with a 25 to 75 per cent. solution, or even with pure lactic acid. Of 34 cases thus treated, 25 improved; in 18 of these, both subjective and objective symptoms became less marked; in the other seven, the power of swallowing increased, hence the general condition of the patient became better. The unpleasant burning sensation produced by lactic acid may in many cases be prevented by painting the part previously with cocaine. In addition to this medication, direct surgical treatment must also be employed, consisting either of deep incision or scraping. After the operation, the lactic applications should be continued.—*Therap. Monat.*

STRYCHNINE IN DELIRIUM TREMENS

Large doses of strychnine are being used in delirium tremens and alcoholism, with a success that renders the promoters of the methods enthusiastic (*Boston Med. and Surg. Journal*). The originator, Luton, of Rheims, gives as high as a twelfth of a grain two or three times a day by mouth or subcutaneously. Dujardin-Beaumez reports uniformly good results from the practice. No toxic effects are produced, but a marked benefit ensues. The insomnia, agitation and delirium severally disappear. Sleep was in some instances induced, after all other hypnotics had failed. The "why and wherefore" of this new method of combatting alcoholic delirium is thus explained by Dr. Ramos, of Brazil: "I believe with M. Luton that in chronic alcoholism there is inertia of the excito-motor properties of the spinal cord, which enables the patient to tolerate large doses of strychnine. In these cases the strychnine has a substitutive action on the nerve centres, antagonizing the excitant action of the alcohol."

IRRIGATION OF THE PERITONEAL CAVITY.

Considerable difference of opinion exists among surgeons as to the advisability of using solutions containing various disinfectants for washing out the peritoneal cavity, in view of the fact that numerous deaths have been recorded as due, in all probability, to the use of such agents as corrosive sublimate, carbolic acid, &c. The absorbent powers of the peritoneum are well recognized, and account for the accidents which have followed the injections of solutions containing poisonous substances. So great is this absorbent power that the effects of the intra-peritoneal injection of a saline solution are equivalent to a veritable transfusion of blood. It has been remarked, however, that there is a

limit to the amount of fluid which finds its way into the circulation by this means, and a point is soon reached after which no more is absorbed. Moreover, if a certain quantity of saline solution be introduced directly into the circulation, the absorbent power of the peritoneum is diminished *pari passu*, and if the quantity be considerable the peritoneum exudes, instead of the contrary. The accuracy of this observation has been verified by injecting poisonous solutions into the peritoneal cavity at a time when its absorbent powers have been overcome, and are, for the time being, in abeyance. No absorption of the poison took place, and no symptom of intoxication followed. A series of experiments recently carried out in this direction show that, after being irrigated for a certain period of time, the peritoneum ceases to absorb, and poisonous substances fail to produce any effect. One is tempted to ask whether this fact might not be turned to useful account in operations involving that structure, by permitting the use of certain antiseptics the absorption of which would be attended with danger.—*Medical Press and Circular.*

ARTERIAL CHANGES IN PHTHISIS.

The morbid changes in the arterial coats have recently been studied in sixteen cases of phthisis by Dr. N. Sh. Ippa, of St. Petersburg. In all the cases some at least of the arteries were affected, the coronaries of the heart invariably so. The coats which were found to have undergone morbid change were the intima and the middle coat. Connective tissue was found in the intima of arteries where it does not in the normal condition exist at all—as for example, in the brachial, femoral, and coronary arteries. This is due to an inflammation of the coat, which has been described by Dr. R. Thomas as "diffused and nodose chronic fibrous endarteritis." In arteries where there is connective tissue in the intima, its amount was found to be very materially increased. The middle coat was affected in a somewhat similar manner, the muscular elements being atrophied and connective tissue being formed. The vessels presenting the most extensive morbid changes were the coronaries, and those least affected were the brachial, femoral and more particularly the pulmonary arteries.—*Lancet.*

COLORING PAPER FOR SCHOOL BOOKS.

W. S. Higgins, M.D., Champaign, Ill., says: Some six or seven years ago I gave you my theory of the cause of adolescent headache. Claiming to be the first to discard the old theory of its being caused by mental exertion, I then recommended the use of smoked colored glasses. Here in Champaign we have from 400 to 600 students in the State University of Illinois every year. Now, it is not uncommon to see a

student wearing the smoked colored glasses—securing a liberal education—who, without them, would be compelled to grow up in ignorance. I then recommended that school books should be printed on colored paper. Since then I have been experimenting with different colors to get that which would cause the least pain, and find that yellow paper, with blue ink, will cause the least, but that any color is better than the white paper with black ink. As the young do not like to be seen wearing glasses, can we not save them the trouble by insisting, as a sanitary measure, that all school books be printed in large, coarse type, on yellow paper, with blue ink. Those who have good, strong eyes, will not be injured, while those who have weak eyes will not be compelled to thus expose their condition, or be kept out of school, or suffer with a most distressing pain. Taking a patient out of school will rest the eye and relieve the pain; so the argument that was used for mental exertion can be first used for the eye, and I am fully persuaded that anyone who will give this theory a thorough examination will be convinced of its truth.—*Peoria Med. Monthly*.

A NEW MODE OF ADMINISTERING COD-LIVER OIL.

M. Lefaki calls attention to a method of administering cod-liver oil which seems to possess considerable advantage (*Journal de Medecine et de Chirurgie*, May, 1889). If equal parts of cod-liver oil and lime water are mixed together, a milky liquid is obtained which is inodorous, has the consistency of syrup, and may be flavored at will either with lemon syrup or vanilla, or other extract. The cod-liver oil thus saponified is almost agreeable to the taste, does not adhere to the mouth, and does not leave any nauseous after-taste. In addition to these advantages saponified cod liver oil is preferable to the various emulsions which are on the market. In the first place, it is permanent, the fluid remaining homogeneous. It is readily assimilated even by weak stomachs; it may be administered even during diarrhoea; besides, it is combined with calcarous elements, which are likewise indicated in the affections which call for the use of the cod-liver oil. Of course, the saponified oil may be associated with the phosphates or the hypophosphites of lime. Finally, it may be readily and rapidly prepared, and is of low price.

THE EFFECT OF ANGER ON THE CIRCULATION.

It has been noticed that during the *aura* which precedes the attacks in epileptics, arterial pressure undergoes a very notable increase. The heightened pressure persists during the convulsive period, but as soon as the attacks come to an end, it falls below normal, and may remain

so for several days. The same phenomena are observable in simple epileptic vertigo, but are then less marked, and disappear earlier. M. Féré, in the course of an investigation into the circulatory disturbances incidental to epileptic manifestations, discovered that it was possible to arrest an attack by diminishing the arterial pressure by means of a mustard bath, or by cupping. There would thus appear to be a close relationship between the production of an exalted blood pressure, and the convulsions of the epileptic state. This fact explains the influence of violent emotions, such as anger, in determining or precipitating an attack, for M. Féré's observations show that arterial pressure may increase twenty-five per cent. under the influence of a fit of anger. This same fact explains the liability to rupture of diseased vessels under similar circumstances. From a medico-legal point of view, the identity of the physiological phenomena associated with emotional and convulsive disturbances proves that there is no essential difference between the two, an observation which has an important bearing on the difficult question of individual responsibility.—*Med. Review*.

DIAGNOSIS OF DUODENAL ULCER.

The points upon which Aucquoy (*Arch. Gen*) lays the greatest stress in the diagnosis of duodenal ulcer, are (1) Sudden intestinal hæmorrhage in an apparently healthy person, which tends to recur and produce a profound anæmia; hæmatemesis may precede or accompany the melæna. (2) Pain in the right hypochondriac region coming on late (two or three hours after eating.) This is an uncertain symptom as the food may have no special influence in producing the pain. (3) A more important criterion is in the occurrence of gastric crises, agonizing attacks of colic; the hæmorrhage being more apt to occur about the time of these attacks. Absolute immunity from all gastric distress in the interval between taking food is more common in duodenal than in gastric ulcer. (4) The occurrence of melæna without hæmatemesis is the chief point in the diagnosis of duodenal ulcer. Aucquoy and Johnston both hold that it can be diagnosed by this symptom alone.

ON THE DILATATION OF THE PUPIL IN LOCOMOTOR ATAXY.

I have several times observed a dilatation of the pupil in cases of locomotor ataxy in which the pupil did not contract to light. This dilatation only occurs, according to my observations, when the light employed in the search for the Argyll-Robertson symptom is intense, such a light as that used in the ophthalmoscope room. My impression has been that it is the intense light and heat acting upon the conjunctiva—i.e.,

fifth nerve—which is the cause of the dilatation of the pupil, just as is supposed to happen in stimulation of the skin of the neck by pinching or by the faradic brush. But the dilatation due to intense light and heat is very small compared with that which usually obtains in health on irritating the skin. In the case of locomotor ataxy in which this dilatation of the pupil has been witnessed, pinching the skin of the neck on the side on which dilatation occurred from exposure to strong light and heat only caused a slight dilatation of the pupil. The pupils contracted when the eyeballs were convergent. It would be interesting to know whether the great heat of the lamp had as much to do with the production of the phenomenon as the intense light. In the cases in which I have observed this dilatation, the pupils have not been very very small.—Angel Money, M.D., in *Lancet*.

THE MANAGEMENT OF BREECH PRESENTATIONS.

By L. E. NEALE, M. D., of Baltimore, Md.

1. Do not interfere with breech presentations, either before or during labor, until some special indication arises otherwise than the mere occurrence of the presentation.

2. Expression should be the preferable mode of delivery.

3. When this is impracticable, 1, manual traction on the leg; 2, manual traction on the breech; 3, forceps; 4, fillet; 5, blunt hook; 6, craniotomy, should be selected in the order mentioned.

4. The after-coming head should be delivered 1, by expression; 2, Mauriceau's method; 3, Prague handgriff; 4, forceps; 5, craniotomy.

5. Treat special complications on general principles.—*Maryland Med. Jour.*

BICHLORIDE OF MERCURY IN ANÆMIA

Dr. A. M. Cartledge, Demonstrator of Anatomy in the Kentucky School of Medicine contributes a paper on bichloride of mercury in anæmia to the *American Practitioner and News*, May 11, 1889. He believes mercury has the power of causing absorption of lymph deposits and of relieving glandular engorgement.

In the anæmia of women the subject of disease connected with the organs of generation, he says he knows of no one constitutional remedy the equal of mercury. Nearly all of these cases are the subject of lymph deposits and ovarian congestion, which is best met by an agent which so decidedly facilitates healthy gland action. In the chlorosis which is so often a manifestation of struma, he says the bichloride of mercury iron alone fails. The great good mercury does, especially as calomel, in relieving acute

glandular engorgement, is appreciated. What he thinks we need most to be impressed with is its great virtue in relieving those often obscure and chronic obstructions to gland action which exert so potent an influence for evil in the economy.

TREATMENT OF INGROWING TOE-NAIL.

Dr. Theodore Clemens, of Frankfort, strongly recommends the employment of tinfoil in the treatment of ingrowing toe-nail. He first has the toe thoroughly washed with soap and carefully dried. He then envelopes the whole nail with tinfoil, putting a strip between the portion that grows in and the raw surface caused by it. The tinfoil is fixed by means of a very thin layer of common wax, and the patient told not to wash the part, but to use dry bran for rubbing off the dirt. Of course, the toe has to be repeatedly dressed with tinfoil: but, if the operation is carefully performed, it is surprising how long the tinfoil will remain intact, even when the patient is, as was usually the case in Dr. Clemens' hospital practice, very poor and very badly shod. The results are stated to have been most satisfactory, and are ascribed by Dr. Clemens, not merely to the mechanical action of the tinfoil, but to the effect of the permanent contact of a combination of metals comprising iron, copper, arsenic, molybdenum, wolfram, and bismuth, with a moist and growing portion of flesh. This, he says, brings about in a few weeks the complete healing of the sore, and causes the nail to grow more slowly and in a more healthy manner.—*London Lancet*.

—There is no other exhibit of the class in the United States section to rival that of Wm. R. Warner & Co. From the globe-advertising Philadelphia merchant comes an exhibit which the native pharmacians can look at with both admiration and wonderment. The display is enough to make any Frenchman curious, and their arrangement such as to be above deprecatory criticism; and those Frenchmen there could not be a people with better taste for the proper and harmonious exhibition of products. A glance through their own magnificent section of pharmacy will verify this. Readers would find superfluous a description in detail of the Messrs. Warner's essentially fine installation covering all their soluble sugar-coated pills, salts, &c. Suffice it is to remark that at the Paris Universelle their exhibit is thoroughly representative, comprises all the makers' fabrications, and is decidedly an honor to the concern.—*Pharmaceutical Record*.

—In cases of eclampsia during pregnancy, which do not yield to treatment, premature labor should be induced. (Prof. Parvin.)

PATHOLOGICAL ANATOMY OF ESSENTIAL EPILEPSY.

The exact pathological anatomy of idiopathic or essential epilepsy is still very obscure, so that some recent statements by M. Chaslin before the Biological Society of Paris, at its meeting on March 2, are interesting and may perhaps throw new light on the subject. According to the *Bulletin Medical*, March 6, 1889, M. Chaslin has had occasion to study the brains of several epileptics, and his study has led him to the conclusion that certain lesions, described under the name "cerebral sclerosis," are due to a proliferation of the cells of the neuroglia. He proposes for this process the name "neuroglie sclerosis." Further he believes the induration at certain points, especially in the horns of the hippocampi majores or in the olivary bodies—which has been long noted in cases of epilepsy—is the external sign of the hidden proliferation of the neuroglia.

According to this view, idiopathic epilepsy would in some cases be due to an excess of development of the connective tissue of the nerve fibres, which Chaslin thinks should be attributed to a lesion received during embryonic life. *Med. Surg. Reporter*.

TREATMENT OF ENDOMETRITIS.

At the Académie de Médecine, M. Dumont Pallier read a paper on the treatment of endometritis by chloride of zinc paste. He had the experience of 120 cases of chronic endometritis treated by placing *à demeure* a piece of this caustic, and each case terminated successfully. When the endometritis was accompanied with hæmorrhage the presence of the caustic agent arrested it almost immediately. The pain which this treatment gives rise to is variable in its intensity and its duration, and affects the form of uterine colic, but at the end of 24 hours all suffering disappeared. The slough becomes detached at variable periods, between the fourth and thirteenth day, and two days subsequently the cure may be considered definitive. The menses return at the usual periods and cause no pain. In operating, M. Dumont Pallier washes first the vagina out with an antiseptic solution, and then introduces the sound in order to measure the cavity of the uterus; that known, he places a piece of the caustic pencil *à demeure* of such a length that one end touches the fundus of the organ while the other appears just at the external orifice. Another antiseptic washing is made, and iodoformed gauze keeps the caustic *in situ*.—*Medical Press*.

BICARBONATE OF SODIUM AND BICHLORIDE OF MERCURY IN THE TREATMENT OF YELLOW FEVER.

In the *Therapeutic Gazette*, August 15, 1888,

Dr. George M. Sternberg suggested the use of bicarbonate of sodium and bichloride of mercury in the treatment of yellow fever. At Decatur, Florida, in the following October, the yellow fever prevailing was of a most malignant type: of 10 physicians practising in the infected area, 9 had yellow fever and 5 died. The treatment referred to was then tried. In the *Gazette* for May 15, Dr. Sternberg states that 32 white and 32 colored patients were subjected to the treatment by four physicians; of this number, only 4 died—all white. Dr. Mitchell writes from Jacksonville that he treated in all 216 cases of yellow fever, and that the mercury and soda gave the best results. As the result of experience with the bichloride and alkaline treatment, Dr. Sternberg suggests for further trial the following formula, which is a modification of the one first suggested:

Sodii bicarb..... 3 iv
Hydrarg. chlor. corr..... gr. ss
Aquæ puræ Oii

M. Sig. One and three-fourths ounces every hour; to be given *ice cold*.

THE TREATMENT OF DIARRHŒA IN PHTHISIS.

Dr. Polyak, of Gorborsdorf, gives in the *Orvosi Hetilap* the results of some trials he has made of two recently suggested remedies in the diarrhœa of phthisis,—viz., silicate of magnesia in the form of talc which has been recommended by Debove, and lactic acid recommended by Drs. Sezary and Aune. About eight ounces of talc were well shaken up in a pint of milk, and this, or even a larger quantity, was given daily. As a rule, it arrested the diarrhœa after having been used for a couple of days, but if it was left off the diarrhœa returned. It was found, however, that patients liked the milk mixed with talc even better than ordinary milk, but it could not be taken for more than six or seven days, as after that time complaint was made of a troublesome feeling of oppression in the stomach and bowels. Dr. Polyak thinks it quite impossible that long-continued use of talc can heal intestinal ulcers. Lactic acid proved in his hands a much more satisfactory remedy. The initial dose employed was 30 grains per diem in four ounces of water; this was increased subsequently, but not more than 75 grains per diem were given. On the third day the diarrhœa and the pain were generally arrested, and during the next day or two the stools assumed their ordinary character. It was found advisable to continue to give small doses for some time longer. The patients bore the treatment well; it produced no diminution of appetite, and, unless continued for a long time, gave rise to no disagreeable symptoms. Dr. Polyak thinks it possible that even ulcers of the intestines may be healed by this means.—*Lancet*.

A USEFUL FORMULA IN SKIN DISEASE.

I have been so successful in treating certain cases of skin diseases, that I thought I would write a communication on the subject. One case, that of a printer, who was affected with a very bad eczema of a chronic nature, on both hands (dorsal aspect), presented himself. His hands were so sore and inflamed that he could not work at his trade for weeks at a stretch. Hypertrophy of the skin, large scabs with cracks between, from which issued pus and other discharges, were the conditions as near as I can describe. I prescribed the following mixture, with instructions for him to apply three times a day, very thoroughly at night, at the same time keeping the parts protected by cloth gloves:

R.—Ac. salicylic,	3 ij
Ac. boracic,	3 iss
Biborate soda,	3 ij
Alcohol,	
Glycerin,	āā q. s. ad 3 ij
	—M. et ft. lotion.

There was immediate improvement, and by sticking to the above treatment for three months his hands are now comparatively well. I was myself affected with a very troublesome hyperidrosis, or hypertrophy of the sweat glands of the palms of both hands, and bromodrosis of both feet. I used the same remedy in a similar manner and I was surprised to see what good results followed. It is an excellent remedy in many skin affections, as acne, etc. It will pay any man who has an obstinate case of skin disease of a non-specific nature to give it a trial. I generally incorporate about 10 drops of ol. bergamot with the formula to give it an agreeable smell.—F. M. Scott, in the *Med. Age*.

TREATMENT OF HEADACHES.

Dr. E. Lloyd Jones (*London Practitioner*) has written an able paper on the diagnosis and treatment of headaches, accompanied by diminished or increased blood-pressure and he sums up the treatment as follows: First, with regard to low-pressure headache. In acute cases, *e. g.*, the toxic headaches from alcohol and tobacco, exercise and food are patent remedies. Relief is obtained from cardiac stimulants such as the following:

R. Spts. ammoniæ aromat.	3ss
Spts. chloroformi,	℥. xx
Aquam ad,	3i

Antipyrin in small doses (gr. iii.) is also useful.

In more chronic (recurrent) cases prolonged treatment by drugs is often necessary. In anæmic persons, iron is generally useful as an adjunct, but it is well often to give tr. digitalis with it in doses of ℥i. to iii. which will not slow the pulse.

If the patient is pallid, but the ears and lips are red, iron is of little service. In these cases, the tr. of digitalis ℥i. to iii. is very efficacious, the bowels being kept open if necessary. These are the patients who have an excessive number of red cells, with an increased specific gravity of the blood; they are very prone to low-pressure headaches, and they are much relieved by rest and change.

In high-pressure headaches, the bowels must be kept open, but not purged. The nitrite of amyl, carefully administered in a very dilute state, is very useful. Nitro-glycerine is even more useful, as the dose can be more easily regulated, in recurrent as well as in acute cases. In anæmic girls, besides improving their blood condition, nitro-glycerine should be given in doses of one six-hundredth of a minim twice a day, and more than six doses should not be ordered. In recurrent high-pressure headaches alkalies are most beneficial. When these occur in anæmic young women, iron should be given with them. Iron alone would increase the headache.

THE USE OF BELLADONNA AND CANNABIS INDICA BY THE RECTUM IN GYNECOLOGICAL PRACTICE.

In the *Boston Medical and Surgical Journal* for May 23, 1889, Dr. J. W. Farlow calls attention to the value of employing the absorbing power of the rectum in different affections of the pelvic organs. The advantage of this method of treatment he finds to be especially dependent on the more perfect retention by the rectum of drugs than when they are introduced into the vagina. The remedies to which he especially refers as used in this manner are belladonna and cannabis indica. He states that belladonna has a sedative action on the uterus and pelvic contents, and relaxes rather than constipates the bowels. Its value in irritable conditions of the bladder and urethra is well known. This combination of qualities is called for in a very large number of women. Cannabis indica has somewhat similar properties, and especially for sensitive ovaries and in the various painful affections of those organs its use is often productive of much good. It has few equals in its power over nervous headaches such as women with pelvic trouble are subject to.

About the age of puberty there is frequent complaint of painful menstruation, with pelvic and general excitement, and often weakness from this after the flow has entirely ceased. Frequent micturition and headache are also very common at this time. If the excitement can be moderated, if the pelvic organs can be made less irritable, there will be less pain, less hemorrhage, less weakness, and consequently a much longer period of health between the catamenia. This Dr. Farlow believes may be accomplished

through the rectal use of belladonna and cannabis indica, beginning a few days before the menstrual symptoms appear. So, also tenderness of the ovaries, various symptoms which accompany the menopause, are often relieved by the same mode of treatment. Dr. Farlow generally orders $\frac{1}{4}$ grain each of extract of belladonna and extract of cannabis indica in a rectal suppository, to be used at night, and sometimes it is well to use one also in the morning after the bowels have moved. There are some patients who can tolerate only $\frac{1}{4}$ grain of extract of belladonna, even by the rectum. To such smaller amounts should be given.

QUININE IN PREGNANCY.

At the meeting of the Glasgow Obstetrical and Gynaecological Society, held April 24, 1889, Dr. R. Park (*British Medical Journal* May 25, 1889) read notes on the action of quinine in medicinal doses on the pregnant uterus, with an illustrative case. Mrs. C., aged 27, three years married, never pregnant, consulted him in August, 1886. He found her suffering from retroversion of the uterus with tender fundus. This was replaced without difficulty, and a Hodge pessary introduced, with immediate relief. She soon afterwards became pregnant. In August, 1887, when about five and a half months pregnant, she was threatened with a miscarriage—considerable flooding and rhythmic pains—which subsided, however, on the administration of opium and small doses of liq. ergot. ammon., and on December 31 following she was delivered of a healthy female child. As to the cause of the hemorrhage, nothing could be elicited except that, three days previously, she had taken a dose of quinine to relieve neuralgia. He considered that she must have taken from 10 to 15 grains, from the effects produced on the head. The patient herself stated that soon after the singing in her ears stopped she began to feel uneasy about the lower part of the abdomen. Dr. Park said that as the quinine produced such an effect in a dose within ordinary medicinal limits, it must, in smaller doses, have a distinct, though less obvious, action of the same kind. He believed that all tonics which acted on non-striated muscular fibre exerted their influence over the uterus, except when its walls were the seat of inflammatory hyperplasia.

Dr. M. Cameron stated that he had met with cases where he was inclined to attribute abortion to quinine.

Dr. G. A. Turner asked if the dose of quinine in Dr. Park's case had caused vomiting. He stated that while in practice abroad he had frequently used large doses of quinine in pregnant women, and had never seen any bad results.

Dr. A. Miller agreed pretty much with Dr.

Atthill that those drugs mentioned by Dr. Park—namely, ergot, savin, quinine, strychnine, etc., had very little effect in producing uterine contractions, even in the pregnant uterus, although he thought it not improbable that the quinine caused this threatened miscarriage.

TREATMENT OF SEA-SICKNESS.

We have often alluded to the efficacious treatment of sea-sickness suggested by Dr. Burggræve some ten or twelve years ago; every practitioner who has resorted to it has met with similar success. Originally he gave a granule of sulphate of strychnine and one of hyoscyamine, both together, every quarter of an hour until the distressing symptoms abated. Sometimes arseniate of strychnine was used instead of the sulphate, and latterly he has added a granule of hydrochlorate of morphine, giving the three granules together. Notes of the efficaciousness of this simple treatment in the hands of Dr. Embleton, Dr. Lory Marsh, Dr. Gesner, and others, have appeared from time to time in our pages. The latest experience of an English practitioner in this respect is that of Dr. Richard Jeffreys, alluded to in a letter addressed to us on the 2nd of January last, in which the writer says: "I visited Norway and Sweden with a medical friend last summer. During our voyage from Newcastle and Bergen we both administered granules of arseniate of strychnine and hyoscyamine to those of our fellow passengers who were suffering from sea-sickness, and the result was the greatest possible benefit. We also showed our pocket pharmacies to one or two Norwegian and Swedish physicians, to whom we explained the new treatment and therapeutic reform of Professor Burggræve. They appeared highly pleased with it, and evidently intend to look carefully into it."

With regard to incoercible vomiting, not on board ship, we published a short time ago the remarkable paper by Dr. Fontaine, in which he states he has never failed to meet with prompt and complete success by administering a granule of hyoscyamine and a granule of hydrochlorate of morphine, both together every quarter of an hour. Recently, an able English practitioner, Dr. Maberly, wrote to us: "I have been extremely pleased with the action of the hyoscyamine and morphine granules in combating vomiting in a few cases where I have tried them, and shall in future never employ any other treatment in such cases in adults. In infants and young children, I must confess I am afraid to use such powerful alkaloids, at any rate in frequently repeated doses.—*London Jour. of Med.*

QUININE RASH.

At the meeting of the Clinical Society of London, March 8, 1889, Dr. Burney Yeo gave an account of several attacks of a quinine rash which he had personally experienced. The first attack occurred in August, 1889, while he was taking two grains of quinine three times a day for a cold in the head; the second about two months afterward, when taking quinine in the same doses for the same purpose; the third, in Rome, in January, 1889, after a single dose of three grains. The true nature of the eruption was not suspected in the first attack, and doubted in the second, as the author had repeatedly taken quinine during former attacks of coryza without any such manifestations. Thinking there might be some impurity in the quinine, the author in May last obtained a different sample, the purity of which was vouched for, and, after taking two doses of three grains each, the rash shortly made its appearance as before. Some time afterward he again tested himself by a very small dose, hoping thereby to establish a tolerance of the drug, but a single dose of a quarter of a grain was rapidly followed by precisely the same cutaneous manifestations. The eruption, which the author fully described, assumed the same character and distribution on each occasion, and was of an erythematous nature, in patches of various sizes and forms, most of them a little raised above the surface. A remarkable fact was that on every occasion it was strictly limited to the lower extremities, extending up to the groins, but never passing beyond that limit. There was no constitutional disturbance. The author having referred briefly to the history of quinine rashes, concluded the paper with some interesting reflections and inferences on the remarkable fact that a drug which had been for years, and quite recently, perfectly tolerated, should suddenly in the same person cause such decided cutaneous disorder, and in such minute doses. In answer to a question by Dr. Powell, whether any actual febrile phenomena attended the rash, Dr. Yeo stated that no febrile phenomena had accompanied the appearance of the rash; and that he had experienced no other symptoms of quinine poisoning, and no tenderness of the skin. The eruption was disagreeable at night. He mentioned a case in which similar symptoms had followed the ingestion of a dose of salicylate of soda. He pointed out that the effects of quinine varied very much according to the form in which it was given. When given in the solid form it sometimes proved unsuccessful, while it gave excellent results when administered in the form of an effervescent draught. —*British Med. Journal*, March 16, 1889.

—For a case of chorea in a child 13 years of age, Dr. Rex ordered 5 grs. antipyrine, t. d.

THE VALUE OF JABORANDI AND ITS ALKALOIDS IN THE TREATMENT OF BRIGHT'S DISEASE.

The patient was a man of nineteen, who for several months had suffered from some cedema, dyspnoea, and albuminurid. When seen he was propped up in bed, and dropsical from head to foot; his eyelids which were distended with effusion, completely closed the eyes. His face was livid, and the swollen condition of the cellular tissues of the neck made it almost as broad as his shoulders. He coughed incessantly; there was copious intra-thoracic effusion, and the subcutaneous tissue all over the chest was "doughy" to the touch. His abdomen was as big as a barrel, and there was extensive cedema of the genitals. His legs and thighs were enormously swollen, and water was exuding from them. He was passing a very small quantity of urine, which was of a dirty color and loaded with albumen. As a last resource, but without expecting much from it, I determined to try the subcutaneous injection of hydro-chlorate of pilocarpin, and the next day I gave two injections of a quarter of a grain each, one in the morning and the other late in the afternoon. After each dose I covered the patient thickly with blankets. The first effect was a flushing of the face, the saliva was secreted copiously, and within five minutes he broke out into a profuse perspiration. After the first injection he expressed himself as relieved, and he certainly coughed less. On my visiting him the next day, the lad's appearance was improved; he could see out of his eyes; he had passed a fair night, and the dyspnoea was lessened. I continued two injections daily for three or four days, and after each administration he sweated most profusely. I found he became very faint soon after the injection, and to counteract this I gave him a good dose of gin-and-water before the next one, and repeated this each time afterward, when he never complained of faintness. Vomiting also occurred, one or twice severely, which induced me to lower the dose to one-fifth of a grain, which I injected daily for nine or ten days. The improvement, which commenced early, was well maintained. At the end of a week he could sit up in bed, the cough was much less, the thoracic effusion had completely subsided, and his arms and neck were becoming less cedematous. The patient longed for my visits, and always expressed himself as feeling better after a "jolly good sweat." At the end of a fortnight his upper parts were free from effusion, but the abdomen was still much distended, and I hardly believed that we could get rid of an accumulation which at one time threatened to rupture the skin, and which it seemed that nothing but tapping would relieve. I then administered one-fifth of a grain on alternate days, and kept this up for another fortnight.

He was then passing his usual quantity of urine, the albumen much diminished in quantity; he sat up daily by the fire, and there remained but a little swelling of the abdomen and legs. I continued the injection till the remaining dropsy had subsided. The improvement was maintained, and under a diet of plenty of milk and the administration of iron and convallaria majalis, he was able to go out of doors and enjoy life with comfort.—*Lancet*.

A NEW TREATMENT FOR CHRONIC RINGWORM OF THE SCALP.

Only those who have attempted to cure a group of cases of chronic ringworm of the scalp can appreciate the disheartening obstinacy of the affection. Ringworm of the body is easily cured by a few applications of tincture of iodine, and so usually is ringworm of the scalp, when treatment is begun soon after infection has occurred. But when the fungus has once penetrated into the interior of the hair follicles it is sometimes almost impossible to eradicate it and the longer the affection has lasted in any case, the more rebellious to treatment does it become. The fungus, so far as we know, does not cease to be susceptible to parasitocides, but the reason why the latter are so slow in acting is that they cannot be brought into contact with the fungus, situated as it is deeply beneath the surface of the scalp. One of the most useful suggestions that has hitherto been made, with the view of obviating this difficulty, is that of Mr. A. J. Harrison, of Bristol, England. The results obtained in Philadelphia by the application of Mr. Harrison's method were communicated to the *Reporter*, June 23, 1887, in an article by Dr. Herman B. Allyn. Without rehearsing Mr. Harrison's method, suffice it to say, that he employed a solution of caustic potash to soften the hairs and scalp tissues, and when this end was reached, the parasiticide was applied. Two solutions were thus used.

In a communication published in the *British Medical Journal*, March 2, 1889, Mr. Harrison gives what he believes, after considerable experiment, and an experience with one hundred cases in two years, is an improvement upon that which has itself produced most excellent results. The author combines the remedies in an ointment composed of: caustic potash, nine grains; carbolic acid, twenty-four grains; lanolin and cocoanut oil, of each one-half an ounce. This ointment may be scented with some suitable oil, and a small portion of it should be rubbed into the affected parts night and morning. The caustic potash contained in it acts upon and softens the hair-matter, and in this way allow the carbolic acid to have free access to the fungus and its hosts of spores. The author thinks there is a decided advantage in

leaving, when it can be done, as much as a quarter of an inch of hair; the ointment seems to have better play, and is kept on the part affected.

Those who have tried Mr. Harrison's former plan of treatment will receive his latest suggestion on the subject with great confidence, and will also be glad to learn that shaving of the head and still more, epilation, which is painful to the little patient and extremely trying to the perseverance of the physician, are both unnecessary and even unadvisable. Carbolic acid is, of course, the parasiticide, and as it is not really an acid, there is, of course, no impropriety in combining it with an alkali.

Ringworm of the scalp is such a dreadful scourge that it may be worth while to mention in this connection the means employed by Mr. Harrison to prevent infection. He applies to the heads of children liable to be infected, an ointment composed of boracic acid and oil of eucalyptus, of each two ounces; oil of cloves, one-half a fluid drachm; and oil of cocoa-nut, sufficient to make six ounces. This makes an elegant prophylactic pomade.—*Med. and Surg. Reporter*.

USEFUL FORMULÆ IN SKIN DISEASES.

Dr. M. Epstein gives the following formulæ as in use in the service of Dr. W. A. Hardy, at the skin clinic of the St. Louis Post-Graduate School of Medicine:—

R. Unguenti vaselini plumbici, ℥iv.

Sig.—Spread on cotton cloth.

One of the most universally applicable and valuable ointments in eczema is the diachylon ointment of Hebra; but owing to the difficulty of preparing it after the original formula, it is now generally made by melting together equal parts of vaseline and lead plaster. It should be neatly and evenly spread on strips of cotton cloth, and fastened to the parts with a roller bandage.

R. Ung. picis liquidæ, ʒss
Ung. aquæ rosæ, ʒiiss
Zinci oxidi, ʒj. M.

Sig.—Spread on lint.

This is of special value in the eczema (chronic?) of children.

R. Ol. rusci, fʒj-ij
Ung. aquæ rosæ, ʒj. M.

Sig.—Rub in thoroughly.

Useful in squamous eczema and also sometimes in psoriasis.

R. Hydrargyri ammoniati, ʒss
Liq. picis alkalini, fʒj
Ung. aq. rosæ, ʒj. M.

Sig.—Local use.

Employed in infiltrated eczema and in psoriasis of the scalp. It must not be used over too large a surface.

R. Acidi salicylici,	℥j
Sulphuris præcipitati,	℥j
Vaselini,	℥j
Ol. rosæ,	q. s. M.

Sig.—Rub in thoroughly.

The range of application of this preparation is very wide, viz: seborrhœa and scaly eczema of scalp, tinea versicolor, keratosis senilis, and lupus erythematosus.

R. Emplastri plumbi,	℥xxv
Pulv. saponis,	℥iv
Aquæ,	q. s.
Vaselini,	℥v
Camphoræ,	gr. xx
Acidi salicylici,	℥v. M.

Sig.—Spread on lint.

This is a modification of Hick's compound salicylate soap plaster. It is much prescribed in the clinic for infiltrated eczema, especially of the hands and feet, and is now largely used in place of the more expensive Hamburg plasters of a certain kind. The amount of salicylic acid may be varied to suit the case.

R. Quinina sulphatis,	gr. x
Spir. myrciæ,	f ̄ ij
Glycerinæ,	f ̄ j
Sodii chloridi,	℥ ij
Aquæ,	q. s. ad f ̄ ij. M.

Sig.—Local use.

There are hundreds of so-called hair tonics, containing more or less of these ingredients, but the one here given is one of the most satisfactory of its kind.

R. Acidi salicylici,	℥ ss
Zinci oxidi,	
Amyli, āā	℥ ij
Vaselini,	℥ ij. M.

The formula above constitutes the well-known Lassar's paste. It may be applied on strips of cloth, or in chronic scaly patches directly rubbed in with the finger. It is of value in many varieties of eczema and intertrigo.

R. Zinci oxidi,	℥ j
Glycerini,	
Mucilag. acaciæ, āā	f ̄ ij. M.

Sig.—Apply with a brush.

In extensive patches of eczema this paste is very agreeable. If itching is severe, one per cent. of carbolic acid may be added.—*St. Louis Polyclinic.*

PERSONAL DISINFECTION IN CONTAGIOUS DISEASES.

A point which appears to us of considerable practical value, and which has, doubtless, sug-

gested itself to many physicians attending contagious diseases, and with almost equal certainty has but seldom been acted upon, is brought again to our attention through an article published in the *Medical Record* for June 22, 1889, by Dr. L. Mervin Maus, of the United States Army. We can now scarcely deny the germ origin of such diseases as diphtheria, scarlet fever, and measles, and it is further well established that the spread of these diseases is due to a material contagion, which, in the case of scarlet fever, is almost confined to the desquamated particles of the epidermis. It is well established that the contagiousness of scarlet fever increases with the onset of desquamation, and it is surprising, since the contagious matter is in all probability located in these desquamated scales, that the disinfection of the skin of the patient has not become a routine practice in the treatment of this disease. Unfortunately, one of us is at present passing through an epidemic of scarlatina in his own family, and there the first thought was to endeavor to protect the other members of the family by a disinfection of the skin of the patient, employing the use of corrosive sublimate in 1 to 1000 solution. In all probability this process was not inaugurated sufficiently soon, and did not entirely prevent the spread of the disease. It is known that very close approach to a scarlatina patient, or more or less direct personal contact with the patient, is required for the spread of the disease. If we could only thoroughly disinfect all the surroundings of the patient, we might hope, then, to do away with the spread of the disease, besides greatly reducing the necessity for prolonged isolation. Dr. Maus publishes the following rules as a preventive measure for the extension of this disease, and states that his practice has been founded on personal experience, and so far has been entirely satisfactory. He even states that he believes that we can through the employment of this method of treatment ignore isolation, in cases of mild scarlet fever, and ordinarily permit patients to join the family circle in ten days to two weeks.

1. Sponge the patient thoroughly morning and evening with a tepid solution of corrosive sublimate, 4 to 1000, as soon as the eruption makes its appearance.

2. Wash the hair once daily with a solution of the corrosive sublimate, of the same strength, and also a solution of borax, 1 to 250.

3. Disinfect the urine, fæces and expectoration, also the discharge from the ears and nose, if there be any. A solution of the bichloride, 1 to 1000, is best for this purpose.

4. As soon as the patient is permitted to leave the bed, have the body washed with warm water and soap, then sponged with the 1 to 4000

bichloride solution, wiped dry, and anointed with the following ointment:

R Sodii bichloratis,
Zinci oxidi, āā ziv ;
Ol. gaultheriæ, 3ss ;
Vaselini, ziv.

The hair should be thoroughly washed with the bichloride and borax solution.

5. The patient is then to be enveloped in fresh and clean clothes throughout, and allowed to leave the sick room if his condition otherwise admits of it.

6. The bed-linen, soiled clothes, towels, etc., should be placed in a suitable sublimate solution and boiled, and the room well disinfected with sulphur. The sulphur candles are very convenient, and the disinfection should be repeated the second day, as the germs are very tenacious of life.

7. Require the nurse or attendant to keep the hair, face and hands well disinfected during attendance, and to likewise make a complete change in his or her garments on date of the disinfection of the sick room.

8. Continue the provisions of the third and fourth rules once daily until desquamation is complete.—*Therap. Gazette.*

THE MEDICINAL TREATMENT OF MENSTRUAL DISORDERS.

The treatment of symptoms alone, without regard to the underlying conditions of which the symptoms are but the expression, is often looked upon as unscientific and unworthy of the consideration of the true physician. It is, indeed, unscientific, and were it possible always to discover and remove the cause, it would be equally irrational and unjustifiable. But, unfortunately, we are unable always to act upon this principle. We cannot always discover the cause, and, knowing or suspecting it, we are often unable to remove it. This is noticeably so in regard to menstrual irregularities, especially as occurring in young women. The general practitioner is often asked to relieve cases of this nature in girls who would never submit to an examination or operation, preferring rather to suffer pain indefinitely than the shame of a physical investigation into the nature of their trouble. In such cases the physician is forced to try the effect of medicinal agents, groping, it may be, in the dark, before insisting upon an examination. Such being the case, it is well to learn what remedies have been found to be of occasional service in relieving symptoms of this nature which are not dependant upon actual organic disease.

In a very practical paper, read before the Connecticut Medical Society, at its annual meeting in 1888, Dr. Gideon C. Segur, of Hartford, pre-

sents a general review of the subject, giving the results of his own experience, and quoting the opinions of several prominent gynecologists whom he has consulted. A brief *résumé* of these opinions is all that can be presented here, the reader who may desire a more extended presentation of the subject being referred to the original paper.

Amenorrhœa.—For this condition most of the authorities consulted recommend general tonics, iron, arsenic and cod-liver oil. Permanganate of potassium, which was at one time so strongly recommended, does not seem to be in much favor, the objection to it being that it is too irritating to the stomach. Manganese was advised by some, and this is the remedy that the author has found to give the most satisfactory results. Most of the salts of this drug, however, cause so much gastric irritation that they cannot be used in most cases, but the binocide seems to be an exception in this respect, Dr. Segur having used it in many cases with the happiest results, and without seeing any disagreeable effects caused by it. A disagreeable feature of this remedy, in Dr. Mundé's experience, though apparently not in the author's, was its unreliability. It might afford relief at one time, and yet at another, even in the same case, and seemingly under the same conditions, it would fail utterly to bring on the menstrual flow. The lactate of manganese is also free from the irritating action upon the stomach that most of the other salts of the drug exert. Manganese has the reputation of being an abortifacient, hence some caution is necessary in its use as an emmenagogue. But the maximum dose employed by the author is six grains a day, and this is far below that which has been used to produce abortion.

Dysmenorrhœa.—The opinions of the authorities consulted by the author concerning this symptom and its relief were most varied. Some thought no benefit could be obtained by any but operative measures while others spoke hopefully of many remedies. Among those which seemed to have given most satisfaction to the writers were *pusatilla* in three to five-drop doses three times a day; *cannabis indica*, *viburnum camphor*, *belladonna* and *antipyrine*. Dr. Segur found manganese to render good service in these cases also, in many instances. The binocide was used in doses of six grains per diem. The application of heat, by means of the sitz bath, or douche, was a useful adjuvant to the internal medication.

Menorrhagia.—For this condition the most efficient remedies were found to be ergot, hydrastis, digitalis, sulphuric acid, fluid extract of gossypium, and gallic acid.

It is rather strange to find such a want of unanimity in the recommendations of these different authorities concerning the most efficacious medicinal agents for the relief of menstrual

disorders. It is rather discouraging, also, as the number of remedies vaunted as useful in any particular trouble is generally an inverse proportion to its amenability to treatment. Yet, notwithstanding the discouragements which those who attempt to treat menstrual disorders by drugs often encounter, the physician is many times powerless to treat them in any other way. Dr. Segur has, therefore, rendered good service in collecting the opinions of so many experienced gynecologists, and in giving the results of his efforts to relieve sufferers of this class, and we hope that the paper will be useful to many who may perhaps be able occasionally to cure some of these disorders by one or other of the remedies mentioned by the author.—*Med. Rec.*

PROF. ZIEMSEN ON THE TREATMENT OF TYPHOID FEVER.

Memorabilien, Heft 4, 1888.—Ziemssen ascribes the diminution of the mortality to the improvement in therapy. He does not think that this disease now appears in a milder form than formerly, although it does appear much less frequently.

The principal factor in the therapeutical diminution of the mortality he considers the water treatment, in its widest sense, not the cold water alone, and with it increased attention to hygiene and diet. He abhors an indifferent or expectant treatment.

The sick bed should be well arranged, the room, if possible, large, well ventilated, and quiet. Water pillows are best, and a second bed in the same room, so that the patient can change occasionally, is of advantage. A good trained nurse is preferable to "family" nursing. As to the diet, even during the fever, easily digested albuminoids should be allowed. Freshly prepared expressed beef juice is best, and five to seven ounces should be given daily. As to other articles of diet Ziemssen follows the views of most other writers. According to Rank's estimate, the diet of the patients in Ziemssen's clinic consisted of 91 parts of albumen, 76 parts fat, and 100 parts carbohydrates. The large quantity (relatively) of albuminoids is of great advantage to the limitation of the destruction of organic tissue, and in shortening the period of convalescence. Calves'-foot jelly with wine is given frequently. Few medicines are given, and only when special indications for them exist.

Calomel has a decided effect when given at the right time, that is, during the first five days of the disease. The dose is 8 grains (fifty centigrams) given three times in two hours.

In order to determine the temperature of the bath and its indications, the temperature of the patient should be taken *per rectum* every two

hours; two or three minutes suffice for its determination. Begin with a bath of fifteen minutes' duration and a temperature of 82° to 86° F. (22° to 24° R.) The higher the temperature and the severer the brain symptoms, the colder the water, but never colder than 62° F. (14° R.) The writer lays special emphasis on cooling the bath off gradually. Young and robust patients can be placed at once in a bath of 62°-64° F., but not lower, and seldom as low. "The more recent the case, the higher the fever, the more robust the constitution, the cooler the water; conversely, the more advanced the case in point of time, the weaker the constitution, the worse the pulse and the more affected the nervous system, the warmer the bath." Adynamic symptoms are no contra-indication for bathing, but the baths should be warm—up to 86° F. The number of baths average three or four in twenty-four hours. Sometimes one or two suffice, sometimes six or eight are necessary. *The baths are most efficacious at the periods of remission of temperature.* The duration of the bath should be fifteen to, at the most, thirty minutes.

The antipyretics, of late somewhat fallen into discredit, are defended and recommended by the writer, especially antipyrine, which he gives as follows: Five grams (75 grains) are given after six o'clock in the evening, two grams (30 grains) followed in one hour by two grams (30 grains), followed again in one hour by one gram (15 grains.) He praises thallin and antifebrin, but does not think much of quinine, because of its after-effects, not so much the deafness and tinnitus as the "general indescribable *malaïse*, especially that referred to the abdominal region." Besides the antipyretic action of the above named drugs, they are valuable for the euphoria which they produce. Kairin and salicylate of soda, as antipyretics, he regards as antiquated.

Brain symptoms of moderate degree call for ice-bags, which, however, are not tolerated by some patients. When the cerebral symptoms are severe, baths are absolutely essential. Insomnia and restlessness are best treated by morphine injections. When there is a tendency to cardiac weakness, excitants are indicated, the best of which is camphor (one-half to one dram sub-cutaneously as oil of camphor) and wine, cognac or champagne.

Severe diarrhoea he treats by clysters of starch and opium (20 drops of laudanum); intestinal hemorrhages, by ice-bags on the belly and ice clysters, which are efficacious by reflex action; no nourishment is given for several days, and thirst is slaked with ice. "Hemorrhages during the period of delayed convalescence (four to six weeks) are of much worse prognostic meaning than those which follow the detachment of the

slough (two or three weeks), because it almost always indicates delayed healing of the ulcers, and a scorbutic condition of the edges of the same." Bed-sores can be avoided with certainty if extreme cleanliness and proper position be observed, and, besides baths, a water pillow be used.

During convalescence particular attention must be paid to diet; for five days after the first day without fever, only liquid nourishment should be given; then only should semi-solids be indulged in, to be followed by solid substances. At this period the patient thinks of eating only, and we must give him daily something new and appetizing. The patient should not get up until the fourteenth day after the disappearance of the fever, however light the attack may have been. If the attack was severe, he should lie abed for three or four weeks after the apyretic stage has set in.

The treatment of exacerbations should be the same as indicated, except that they can be much milder. Lukewarm baths act sufficiently well, and antipyretics may be dispensed with.—*American Prac. and News.*

SALICYLIC ACID IN THE TREATMENT OF MALIGNANT SCARLATINA.

Dr. Shakowski writes in the *Revue Mensuelle des Maladies de l'Enfance* for June, 1889, that he has administered salicylic acid with the greatest success in one hundred and twenty-five cases of grave scarlatina occurring in children, the mortality being reduced to three and a half per cent. Ordinarily his method of administration was in the form of a mixture consisting of 1 part of salicylic acid to 75 parts of water, and 30 parts of syrup of orange-peel, a teaspoonful of this being given every hour during the day and every two hours during the night. He writes that under the influence of this remedy, the temperature is rapidly reduced, in certain cases, even at the end of forty-eight hours, the temperature falling four degrees. Habitually all traces of fever disappear after the tenth day of the disease. Nevertheless, the author advises to prolong the treatment for some time longer than this in progressively decreasing doses, so as to avoid any danger of relapse. Through the use of this remedy the author believes that he has avoided the most serious complications of scarlatina, such as uræmia, anasarca, and diphtheria. He claims that this medication will only be ineffectual when given too late,—that is, after the fourth day of the disease, or when there exists some grave chronic complication.—*Therap. Gazette.*

Morell Mackenzie recommends in acute coryza as snuff:

R. Morphine Sulph., gr. ii
Bismuth Subnitrat., ʒi

CLASS-ROOM NOTES.

(From the College and Clinical Record.)

—In laceration of the perineum, either operate within 16 hours, or else two months after labor. (Prof. Parvin.)

—In addition to the local measures in the treatment of leucorrhœa, constitutional taints like syphilis should be treated and tonics administered. (Prof. Parvin.)

—For a case of facial paralysis (Bell's palsy) of two months' duration, Prof. Da Costa directed 20 grs. potassium iodide, t. d.; the dose to be increased gradually.

As a rule, avoid stimulus in pneumonia, except in cases of drunkards, or where the process has reached the third stage, gray hepatization. (Prof. Da Costa.)

—As a tonic treatment for syphilis, Prof. Gross advised the following:—

R. Hydrarg. chlorid. corrosiv., gr. 1-12.
Tinct. ferri chlorid., gtt. xxv. M.
Sig.—t. d.

—Functional cardiac murmurs sometimes are heard at the apex, instead of their usual situation over the pulmonary area, but are not transmitted to the axilla, as organic murmurs are always. (Prof. Da Costa.)

—For syphilitic ulcers of the mouth and throat, dry thoroughly and apply the following solution:—

R. Argenti nitrat, ʒ ij
Aque destillat., f ʒ j . M.
(Prof. Gross.)

—In the treatment of gastric dilatation, Prof. Da Costa advises washing out the stomach every few days, as much as possible a dry diet, the use of bitter tonics as gentian, or thymol after meals to prevent fermentation.

—Treat cervical leucorrhœa by applications of iodine (Churchill's tinct.), carbolic acid or a saturated solution of persulphate of iron, in conjunction with hot water injections and tampons of boracic acid and glycerine. Prof. Parvin.

—Treat an acute ulcer by putting the patient in the recumbent position, elevate and relax the limb, paint the surrounding tissue with tinct. iodine, diluted one-half with alcohol, and apply the following solution (diluted one-half by hot water) on lint over the ulcer, t. d.:—

R. Plumbi acetat., ʒ ij
Tinct opii, f ʒ j
Aque destillat., f ʒ vij. M.
(Prof. Gross.)

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MONTREAL, OCTOBER, 1889.

THE MONTREAL GENERAL AND THE ROYAL VICTORIA HOSPITALS.

After a consideration of nearly two years, the Governors of the Montreal General Hospital, at their quarterly meeting, held on the 3rd of October, decided that it is not expedient for their institution to amalgamate with the Royal Victoria. The decision is a wise one, and we have to congratulate the Governors upon the conclusion at which they arrived. The magnificent generosity of the founders of the Royal Victoria, as well their expressed desire for union, made it most desirable that every consideration should be given to their proposal. We think that this has been done. At various meetings of the Governors of the General Hospital the question was discussed in a general way, and it is now about a year since they formed a committee, to meet the trustees of the Royal Victoria and discuss the question. After several meetings, in June last this committee reported that the basis of amalgamation as offered by the Royal Victoria might be tabulated as fol-

lows: 1st. Acceptance of the site. 2nd. The work of the General Hospital to be continued in all its departments till the Royal Victoria was ready for occupation. 3. The patients to be then as speedily as possible transferred to the Royal Victoria, where the general work of the hospital would be carried on. 4. Except that in the old Montreal General Hospital there would still be maintained a number of beds (understood to be in the neighborhood of forty) for surgical cases and accidents. 5. The dispensary work to be carried on in the General Hospital building. Such in substance was the proposal to the General from the Royal Victoria Hospital in June last, and we think we are correct in saying that from that day till the present, they have not been modified or altered in any way. These proposals, in our opinion, were such as should not be received by those who have the welfare of our old hospital at heart. First of all, as regards the site; well, in our opinion, it is not a suitable one for a general hospital, and that it is not suitable is at once admitted by the fact that the Royal Victoria is willing to continue a surgical hospital on the site of the General. Is the site of the Royal Victoria suitable for a medical hospital? To this we answer yes and no. By yes we mean that there is a class of cases—mostly of a chronic character—which will be glad to go there, but severe acute cases, as a rule, will not. Such cases will call for hospital accommodation nearer their homes, and a sympathizing public will hear the cry and endeavor to meet it. Much has been said of the salubrity of the sight of the Royal Victoria, and a writer in the *Montreal Gazette* in a series of letters has endeavored to prove its suitability in that respect. We do not propose to discuss this, though something might be said to limit the enthusiasm of some on this point. We do, however, say that in all large cities—but more especially in great commercial and manufacturing cities—hospitals have been erected

in as close proximity to where they seemed to be needed as it was possible to obtain the required land. The air of a crowded city has given excellent results in hospital work. For illustration, take the London Hospital of nearly 800 beds, in the very worst part of the great metropolis. Is not the cry, then, about the site, from those who favor it, somewhat of a sentimental character. Then the acceptance of the site would, as will be seen, have to be followed by dividing the work at the old General. Another very serious objection to this would be in the matter of medical education—medical instruction at one, surgical at another—a condition of things that would seriously injure the city of Montreal as a centre of medical education. To this objection it has been urged that the surgical department at the General would only be a receiving house and that the patients would subsequently be transferred to the Victoria on the side of the Montreal mountain. To this we reply that the great proportion of surgical cases, when able to be transferred, would be eligible patients for a convalescent home, not subjects for an hospital. Surgical patients, as a rule, must be treated to the end in the hospital to which they are at first admitted. All the other proposals from the Royal Victoria hinge on the acceptance of the site, so we need not discuss them. The only statement we have ever heard in favor of amalgamation, worthy of discussion, was the question of cost, and the impossibility of collecting money enough to support the General after the Royal Victoria was in operation. The first should be susceptible of proof, but we have yet to know that that any one has attempted it. Our opinion is that the statement is not correct, or at least only correct in a degree, so slight that it should not weigh a feather against all the other very serious objections. The second is not yet susceptible of proof; but, judging the past by the present, we believe that it also is not correct. Fifteen years ago many of those who to-day voice this

assertion most loudly said that it was impossible to collect more money for hospital work. Has this statement been true? It has not. Let the somewhat recent establishment of the Notre Dame Hospital and Western Hospital prove our assertion, to which we add that much of the support of these new hospitals comes from the friends of the General Hospital. Montreal is growing rapidly; to-day it has a quarter of a million of inhabitants, in twenty-five years we believe it will have half a million, if not more. Our hospital accommodation has not kept increasing with the demand. There is not a day in the week that one or more most deserving cases are not refused admission to the General Hospital. The place is crowded to overflowing and beds are made on chairs to meet the demand. We know of what we write from personal experience. In the interest of the sick poor, we are glad, therefore, that not a thing will be done to limit the present usefulness of the Montreal General Hospital. In the interest of Montreal, as a center for medical education, we congratulate the Governors that they have decided to continue the work of the General Hospital on its present site and in all its branches. Let them guard our old hospital well in the future as they have in the past. It has always had friends, and generous ones, too. Its financial position is a good one—the outlook for doing its old work could not be better—so that with faith in the future of our city we hope to see the old name of “Montreal General Hospital” handed down intact to future generations.

MARRIED.

SYMONDS—SHAW.—At St. Mary Abbots, Kensington, London, on the 10th ult., by the Rev. S. Main Walrond, Vicar of St. Lawrence Jewry, Charters J. Symonds, F.R.C.S., to Fannie Marie, youngest daughter of Major-Gen'l David Shaw.

ITEMS OF INTEREST TO THE PROFESSION.

APPOINTMENTS IN NEW LAVAL.

Dr. Chartrand has accepted the position of Chief Demonstrator of Anatomy in the new Laval Faculty, and Dr. Fafard will be Professor of Chemistry. Dr. Lamarche will take the Chair of Obstetrics in place of Dr. D'Orsennens, who retires to be Emeritus Professor.

The final amalgamation arrangements with Victoria, submitted to the Council of the University at Quebec, are expected to be ratified shortly. Victoria will retain its full autonomy and continue to control the Hotel Dieu. During the first two years students may obtain their diplomas from either body.

PROVINCIAL BOARD OF HEALTH.

Dr. C. E. Lemieux, Quebec; Hon. Senator Paquette, St. Cuthbert, and Dr. J. B. Garneau, Ste. Anne de la Perade, have been re-appointed members of the Provincial Board of Health, their terms of office having expired, and Dr. R. Craik succeeds Dr. R. L. Macdonell on the Board, at the latter's request.

BOGUS "M.D.'S."

A great sensation has been caused in New Hampshire by the discovery of another college of medicine similar in arrangement and larger than the famous "Druid College, of Maine," a full exposé of which was made some years ago. This latest chartered institution is the Trinity University of Medicine and Surgery, having nominal headquarters at Bennington, Vt. Its methods of "business" are as follows: Any person desiring a diploma covering both medicine and surgery has, if possessing the necessary money, been given his choice of the following institutions, all of which, it is needless to mention, exist merely on paper: University of Cincinnati; Montreal Medical College; Trenton, N.J., Medical College; New York State Medical College; University of New Hampshire; Trinity University of Medicine and Surgery. The market value of sheepskins representing the above institutions varies from \$60 to \$300 each.

A SUCCESSFUL M'GILL GRADUATE.

George C. Stephen, who graduated from McGill in 1886 with the degree of M.D., C.M., has, after studying in Vienna and London, received the degrees of L.R.C.P., London, and L.S.A., England, and is now practising his profession in Sutherland Avenue, London. Dr. Stephen is a relative of Sir George Stephen, Bart., and a brother of the late Dr. William Stephen, formerly of Montreal, but was residing in South America at the time of his death. Dr. Geo. C. Stephen is married to a daughter of Mr. G. B. Burland, of this city.

THE MODERN "RIP VAN WINKLE."

Herman Harms, of Utica, Minnesota, is said to have been sleeping soundly most of the time for the past twelve years. He wakes up to eat occasionally, and every few years he regains consciousness long enough to walk out for a time, but then sleep overtakes him again and he is buried in slumber for months. His latest nap is said to have lasted thus far two years. He is declared to be very weak with little probability of ever being able to rise from his bed again, even if he wakes up.

MEDICAL FACULTY OF BISHOP'S COLLEGE.

Dr. Hutchinson, of Point St. Charles, has accepted the Chair of Hygiene in this school, and will commence his lectures in a few days. Dr. Hutchinson's many friends will be glad to see this additional evidence of his steady advancement.

Dr. Gaherty (Chair of Medical Jurisprudence) has been ill for some time with an affection of the knee-joint. He is in the Hotel Dieu Hospital.

The 18th session (winter) opened on Wednesday, the 2nd of October, with a large attendance of students.

NOTES.

Dr. Buller (eye) and Dr. Birkett (ear, throat and nose) expect to have their new and handsome offices and consulting rooms ready for occupation about the 1st of November. They are situated at the corner of St. Catherine and Stanley street.

Dr. W. E. Fairfield (Bishop's '87) was in town early in September last. The Doctor has recently joined the noble order of Benedicts. He is located in Wequioick, Wisconsin.

John Hopkins University, Baltimore, Md., opens this week (Oct. 5th) with over 400 students in attendance. The faculty is sixty-nine strong. It consists of nine full professors, one Professor Emeritus, sixteen associate professors, ten other associates, nine instructors, four assistants, one lecturer, five readers and fourteen aides.

The operation of "caesarian" section was recently (Aug. 26th) performed at the Massachusetts Hospital, Boston, with perfect success. Both mother and child being alive to-day.

Dr. W. G. Johnson (McGill '84) Lecturer on Pathology in McGill and Pathologist to the Montreal General Hospital, recently returned from Europe. He has presented the library of the faculty with some valuable works relating to his subject.

BOOK NOTICES.

A TREATISE ON HERNIA. The radical cure by the use of the buried animal suture. By Henry O. Marcy, A.M., M.D., LL.D., 1889. Detroit, Mich.: George S. Davis. Price, paper 25 cents.

Rupture is an accident which every physician meets every day in practice, and therefore a good

and scientific knowledge upon this subject is essential. Mr. George S. Davis offers to the profession an excellent monograph upon this subject as one of his "Physicians' Leisure Library," which is issued monthly at the cost of 25 cents per month or \$2.50 per year. It is certain that in this case no one can complain of not having value received, for the book comprises 250 pages. The author devotes about half of the book to his observations upon the pathology, varieties and general principles of hernia, and then at once enters upon the study of the radical cure. The author describes the different operations for the relief of hernia by the use of a seton, laying special stress upon the method of Dr. John Wood, of London, who used wire. He then considers minutely the operation which he himself advises and uses, viz., the antiseptic animal suture. The authorities *pro* and *con* are given with much detail and technique of the operation is most minutely described. On the whole it fulfills the expression *multum in parvo*.

SYNOPSIS OF HUMAN ANATOMY, being a compound of Anatomy, including the Anatomy of the Viscera and numerous tables, by James K. Young, M.D., Instructor in Orthopædic Surgery, and Assistant Demonstrator of Surgery in the University of Pa.; Attending Orthopædic Surgeon, out-patient department University Hospital, etc., etc. Cloth, pp. 393, illustrated by numerous wood cuts. Price, \$1.40. F. A. Davis, Publisher, 2231 Filbert Street, Philadelphia, 1889.

This is a concise, yet complete, synopsis of anatomy for the use of students of medicine. Recognizing the limited time at the disposal of the students, and the unlimited amount of material to be digested, the author has endeavored, by well selected wood cuts, typographical arrangement, numerous tables, and concise yet lucid text, to facilitate the acquisition of a subject as difficult as it is essential. The aim throughout has been to make it as thoroughly complete and accurate as possible, and at the same time readily accessible for reference or study.

PULMONARY TUBERCULOSIS. Its Etiology, Symptomatology and Therapeutics. By Prof. Dr. H. Von Ziemssen, Director of the Medical Clinic at Munich. Translated by David J. Doherty, A.M., M.D., Instructor in the Chicago Polyclinic. 12mo; pp. 119. Price, twenty-five cents. Detroit: George S. Davis. 1888.

This volume is one of the Physicians' Leisure Library, and contains the latest views of the teachers of Europe on Pulmonary Tuberculosis. In corresponding parts, it discusses the etiology, diagnosis, and treatment. There is also an appendix containing—(a) Tuberculosis in American Prisons, (b) Method of Examining Sputum for Bacilli. It will be thus seen that we have here, in a very convenient form, an important contribution on a vital question. The activity in the study of tuberculosis has steadily increased since Koch's famous discovery, and we look forward to the time when the results of treatment will be much better than they are now. Small volumes, like this, increase the general information by going where larger ones could not, and are therefore of much

advantage. The translation is good, though, as Dr. Doherty points out, there is some diffuseness and many repetitions which could not be avoided, as the matter was delivered in the form of lectures. This little book deserves a wide reading.

WOOD'S MEDICAL AND SURGICAL MONOGRAPH. Consisting of original treatises and of complete reproductions in English of books and monographs selected from the latest literature of foreign countries, with all illustrations, &c. Contents: Congestive Neurasthenia or Nerve Depression, by E. G. Whittle, M.D.; The Art of Embalming, by Benjamin Ward Richardson, M.D.; The Theology, Diagnosis and Treatment of Tuberculosis, by Dr. F. Von Ziemssen; Bycho-Therapeutics or Treatment by Hypnotism, by Dr. C. Lloyd Tucker; Sexual Activity and the Critical Period in Man and Woman, by Dr. Louis De Sere; Index and Contents for Vol. III. Published monthly. Price \$10 a year, single copies \$1. September, 1889. New York: William Wood & Co., 56 & 58 Lafayette Place.

The article on embalming gives a complete history of the art which furnishes most interesting reading, while the other articles fully keep up the standard of this volume with the high standard attained by its predecessors.

DISEASES OF WOMEN: A Manual of Non-Surgical Gynecology, designed especially for the use of Students and General Practitioners. By F. H. Davenport, A.B., M.D., Assistant in Gynecology, Harvard Medical School; Assistant Surgeon to the Free Hospital for Women; Physician to the Department of Gynecology, Boston Dispensary. With numerous illustrations. Philadelphia, Lee Brothers & Co., 1889.

The author has very wisely, we think, addressed his book to the student and general practitioner. He does not pretend that it is a text-book, a complete treatise on diseases of women, many of which works are too complicated and too expensive for the busy practitioner to read or the poor student to purchase. We are often asked by the latter if there is no elementary book on Gynecology in the market, and after reading Davenport's work we have had no hesitation in saying that it fills the requirement. It is properly illustrated, and has the especial merit of explaining thoroughly whatever it attempts to explain at all. This is a weak point with some of the larger books, which, it is true, are addressed rather to the specialist than to the general practitioner. At the same time we may safely say that both the student and practitioner will find everything in this book that is absolutely necessary for them to know, and that such cases as it does not deal with had better be entrusted to the skill and experience of the specialist.

THE MANAGEMENT OF LABOR AND OF THE LYING-IN PERIOD. A Guide for the Young Practitioner. By Henry G. Dandis, A.M., M.D., Professor of Obstetrics and diseases of women in Sterling Medical College; Fellow of the American Academy of Medicine; Member of the Ameri-

can Medical Association; Author of "How to Use the Forceps," "A Compendium of Obstetrics," &c., &c., &c. Philadelphia; Lea Bros. & Co., 1885.

We have received the above, and shall notice it at length in our next issue.

DISEASES OF WOMEN, INCLUDING THEIR PATHOLOGY, CAUSATION, SYMPTOMS, DIAGNOSIS AND TREATMENT. A Manual for Students and Practitioners. By Arthur W. Edle, M.D., London, F.R.C.P., M.R.C.S., Assistant Obstetric Physician to the Middlesex Hospital, Consulting Obstetric Physician to the City Provident Dispensary, Late Vice-President of the Obstetrical Society of London, Late Physician to the British Lying-in Hospital. With one hundred and forty-eight illustrations. Philadelphia: Henry C. Lee, Son & Co., 1882.

A notice of the above is withheld from this issue for want of space.

PERSONAL.

Dr. Brunelle, of Montreal, returned from Europe in the first week of this month.

Dr. H. S. Birkett has been appointed a Demonstrator of Anatomy in McGill College.

Dr. James J. Jack (Bishop's '89) is at present attending at the Post Graduate Clinic in New York City.

Dr. John J. Gardner has returned from a hurried trip to England, and looks much benefited by the ocean voyage.

Dr. Godin, of St. John's, Que., has returned from his European trip, much benefited by the rest and change.

Dr. Elder, of Huntingdon, comes to Montreal every now and then, and we hear he is much appreciated in his district.

Laval, Victoria and McGill faculties are all represented on the Provincial Board of Health. Why is not Bishop's College?

Dr. Laberge, health officer, Montreal, has returned to his duties after a pleasant sojourn in Paris, where he attended the sanitary congress.

Dr. George E. Armstrong, Professor of Operative Surgery, Bishop's College, has been elected President of the Medico-Chirurgical Society of Montreal.

Dr. George E. Armstrong, Professor of Operative Surgery in Bishop's College, was lately elected an Assistant Surgeon to the Montreal General Hospital.

Dr. Israel Powell (M.D. McGill 1860), of Victoria, B.C., who for more than a year has been in Europe,

is, we learn, recovering from a very severe and dangerous illness.

Dr. Young (M.D. McGill 1876), of Clarenceville, and Assistant Surgon of the 60th Battalion, has gone to Oregon and will most likely settle in Portland in that state. He left his old home on October 8th.

The physicians of the district of St. Hyacinthe have formed a medical society, and have elected Dr. J. V. L. St. Germain, President; Dr. J. M. Derocher, Vice-President, and Dr. A. Mathieu secretary.

Dr. Ruttan, of McGill College, after a three years most efficient service as Secretary of the Medico-Chirurgical Society of Montreal, resigned at the annual meeting on October 4th. Dr. Birket was elected to replace him.

Dr. George Ross, Vice-Dean of McGill Faculty of Medicine, resigns the Chair of Clinical Medicine and takes that of Practice of Medicine, rendered vacant by Dr. R. P. Howard's death. Dr. R. L. Macdonnel resigns Hygiene and takes Clinical Medicine, and Dr. Robert Craik re-enters the Faculty as Dean, and takes the Chair of Hygiene.

Dr. George J. Bull (M.D. McGill 1869) has settled in Paris, and after a special course of study has graduated at the Faculty of Medicine of Paris. Dr. Bull now devotes his attention to diseases of the eye, having studied under the celebrated Parisian oculist, Dr. Javal. His thesis on graduating in Paris was on "Spectacles and Eyeglasses," and we have to thank him for a copy. Dr. Bull practiced in Montreal for several years, but subsequently removed to the United States. His health becoming precarious he went to Colorado, where he resided for a time, but, feeling himself restored, he went to New York, where he became connected with the Post Graduate School as instructor in ophthalmology, and assistant in the Manhattan Eye and Ear Institution. To escape hay fever he made a visit to Paris, and events seemed to direct him to make it his home, which he has done. We heard from Dr. Bull lately, and he still feels a warm interest in all that concerns Montreal and her medical institutions. His address is No. 4 Rue de la Paix, Paris.

Schnitzler recommends the following gargle in the stubborn forms of angina follicularis:

R. Creolin, 1 or 2 parts.

Distilled or Peppermint water, 100 to 500 parts.

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Original Communications.

WHAT CIVILIZATION IS DOING FOR THE HUMAN FEMALE.*

By A. LAPHORN SMITH, B.A., M.D., M.R.C.S. Eng., F.O.S. Lond.; Lecturer on Gynecology in Medical Faculty of Bishop's University, Montreal.

At the outset of this paper the writer wishes to disclaim having any grudge against civilization. On the contrary, he enjoys the luxuries and comforts which it affords him, and in return is quite willing to pay the price in shortness of life and diminished health, which it demands.

The object of this paper is merely to call attention to the fact that civilization is slowly but surely working certain changes in the human animal. His wish is to record, not to criticise. As his observations have been made upon the human female, he will limit his remarks as much as possible to that branch of the subject.

For the purposes of this essay, the word civilization will be taken to mean the ensemble of social customs, habits, refinements of manners, comforts and luxuries which are not practised or enjoyed by human beings in the savage state.

That these altered circumstances are changing the nature and health, as well as giving a different complexion to the diseases of women, is tolerably well known.

*Read before the Southern Medical and Gynecological Association, at Nashville, Tennessee, 14th Nov., 1889.

The writer will endeavor to point out in what manner this is coming to pass. In the savage state the human female possesses a muscular system quite equal to, and in some countries where it is the custom for the women to perform all the hard work, even stronger than the men. When the tribe is moving from one point to another, in search for food, she has not only to transport herself, but also one or two, or even more, of the smaller children, while, when stationery for a time, it is her duty to grind the corn, gather fuel, carry water, and cultivate the ground in a rude way, while the men occupied themselves with warfare or the chase. In such women there are no muscles that are never called into play, and all the physiological processes are carried on with regularity and ease.

Under the influence of civilization the woman gradually exchanges her life in the open air for close confinement in the house, with its deprivation of fresh air and exercise, and instead of a light waist cloth or a simple covering suspended from the shoulders, she has gradually acquired the art of changing her form from the natural to the artificial shape, and to hang from her constricted waist not only a large amount of heavy clothing, but also many hundred yards of ornamental trimming.

In the savage state the female child is

born with equal chances with the male. The daughter of civilization, on the contrary, inherits at her birth the diminished lung capacity and breathing power of her highly educated mother. From the age of two or three till ten or twelve she is treated pretty much the same as her brother, although both are too often treated badly enough, being kept in close confinement in a poisonous atmosphere for many hours a day when they should be running about in the pure air. About the age of puberty, however, the civilized female becomes heavily handicapped, for she is then taught that any but the slightest movements are ungraceful, and in order to give her a so-called nice figure she is fitted with a corset, a sort of irregular shaped band which is so tightly laced around the middle of the body as to prevent the lower ribs and diaphragm from acting. This gives rise to a limited form of breathing known as costal respiration, which was formerly thought to be natural to all women. Owing to the experiments of Kellogg, it has been established that among women who have never worn corsets there is no such thing as costal respiration as opposed to abdominal respiration. On the contrary, they use the abdominal breathing just as much as men do.

Not only does the corset diminish the effectiveness of the lungs, but indirectly it lessens the nutritiousness of the blood by decreasing its supply of oxygen. Besides that, it directly interferes with the usefulness of the blood in another way; the compression of the chest by the corset actually limits the diastole of the heart. We have only to remember that the heart has no power of its own to dilate, but merely expands by the very slight *vis a tergo* of the blood flowing in from the large veins to understand why syncope and death from this cause are by no means rare.

Congestion and enlargement of the liver are important factors in the production of diseases of the female pelvic organs. Here

again the corset and civilization have much to answer for. In the normal woman the diaphragm is free to rise and fall, alternately drawing in and forcing out the blood; without this suction action of the diaphragm the liver becomes congested. This means enlargement. At the same time, the enlarged organ is forced back against the spine so as to compress the inferior vena cava which passes behind it. As this vein receives all the blood coming from the internal generative organs, compressions of the inferior vena cava must cause congestion of the womb and ovaries.

That the corset must hamper the peristaltic movements of the intestine is evident, leading to constipation, malnutrition and poisoning of the system, to which Sir Andrew Clark, with his happy faculty of calling old things by a new name, has termed *fecal anæmia*.

Apart from the pressure of the liver upon the main venous trunk, the passage of blood and lymph from the uterus and ovaries, already battling against heavy odds in the shape of gravity, has still further to contend with the artificial strictures at the waist, so that the large, loose plexus of veins lying between the folds of the broad ligament known as the pampiniform plexus, is frequently over-distended with blood, amounting to varicocle, and causing excruciating pain. Many a time the removal of the corset would render unnecessary the removal of the ovaries. Some writers have denied the existence of varicocle of the broad ligament, which the writer was one of the first to describe, and which he has not the slightest doubt is a much more common disease among women than varicocle of the spermatic vein among men. In several previous papers he has called attention to the greater frequency among women of pain in the left side, and to the explanation of this, partly by the fact that the left ovarian vein, like the left spermatic, empties into the left renal vein at right angles to the current, and consequently at a disadvantage; †

other reason being the pressure of a loaded rectum and sigmoid flexure upon the left common iliac vein, as well as in the left ovarian, as they pass between the bowel and the brim of the pelvis.

The evils of the corset are very much increased by the error of suspending the greater part of the clothing from the waist instead of from the shoulders, as men do. The clothing of a fashionably dressed civilized woman, in winter street costume, has been estimated to weigh 37 pounds, 19 of which hang from the waist, so as to increase abdominal pressure. It is needless to add that less than half of that weight, if judiciously laid out, would answer all the purposes of covering and warmth.

During many hours a day for many years civilization requires that the female child should be kept at a desk, supporting the weight of her head and shoulders on her left arm, while the right is employed in writing. The result is atrophy of the dorsal muscles of one side with lateral curvature. At the age of puberty the corsage is applied, when the dorsal muscles of both sides having their work done for them atrophy, in accordance with the physiological law, in virtue of which unnecessary organs disappear. These erector spinæ muscles then disappear, as may be seen by the spines of the vertebræ becoming prominent, instead of being buried in muscle, as they are in the savage state. What with street cars, cabs, railways and elevators, the muscles of the limbs are hardly used at all, and they atrophy. The levator ani, the principal muscle of the pelvic floor, and therefore sometimes called the pelvic diaphragm, is so seldom called upon to raise the anus or to constrict the vulva that it too generates and becomes thin and weak. On this continent, where civilization has reached its highest phase, the muscular system has been replaced by fat and nerves, principally nerves. As Dr. Herman of London says (B. M. J., June, 1889): "Under civilization, a new type of disease has sprung

up among women who are accustomed to have everything done for them and to do little themselves; persons who think and feel a great deal but act little. Over-sensitive nerves and weak muscles, he says, are partly inherited and partly the result of training; of a training which instead of making the child into a good animal has been, perhaps not intentionally, directed towards developing the mind and hindering the growth of the body; a training which develops complexity of nervous structures instead of nervous energy. It is the result of a childhood spent in learning a great deal and doing very little." Instead of training women to be tall strong and muscular, with good appetites and the power of sleeping well, the whole tendency of civilization is to depress and mortify the flesh in order to exalt and cultivate the spirit.

This supremacy of the nervous system amongst the most highly civilized women gives a peculiar complexion to almost all their ailments, their symptoms as a rule being altogether out of proportion to their actual disease; for instance, when the muscles which support the uterus are a little tired, instead of a feeling of fatigue, the highly civilized woman complains of unendurable pain, so that slight functional disorders are frequently subjected to treatment which should only be required for severe organic disease. Nervous sedatives have become so necessary, that in one town in the United States the writer has seen half a dozen ladies come into a drug store within half an hour and consume a dose of bromides on the premises. They appeared to be regular customers. This hyper-irritability of the nervous system is so prevalent among the most highly civilized people, that domestic happiness is not so common as it once was. The writer would suggest that bromide of sodium should take the place of common salt upon the table of this continent.

If civilization with its luxury and ease, and the possibilities which its accompanying wealth gives women of having things

done for them instead of doing them themselves, makes women more sensible to pain and less capable of exertion, it would not be surprising to learn that such a complex process as labor, depending as it does upon the nervous and muscular system, should be affected injuriously thereby; such indeed has been the writers experience. The process of dilatation of the os uteri which among savage and slightly civilized women goes on quietly and without sufficient pain to prevent them from attending to their occupation, becomes in the highly civilized a long and agonizing process, owing to their increased sensibility with diminished contractility. Their muscles make a great outcry but do very little work. Owing to defective nutrition the amniotic membrane breaks very often at the very beginning of labor, so that the waters escape and dilatation must take place by the direct pressure of the child's head instead of by the beautifully equalized pressure of the bag of waters. The pressure of the child's head being greater at certain points than at others the stretched cervix is lacerated. In the writers opinion laceration of the cervix could not possibly occur if dilatation were performed by the bag of waters, and if neither fingers nor instruments were introduced within it. If the bag of waters were strong enough to remain intact until the perineum is also dilated, as he has seen it occur among the lower classes in Canada, rupture of the perineum would not happen either. The writer does not think that the importance of preserving the amniotic membrane until dilatation is complete is sufficiently understood, there are even text books which recommend wilfully rupturing the membranes before dilatation is finished. The rupture of the membranes really retards labor, tempts the attendant to make many injurious examinations, followed at last by the application of the forceps very often before dilatation of the cervix is complete, because the woman is exhausted, and causing rupture of the cervix. Then the

head is dragged through the perineum without allowing as much as a tenth part of the time which nature requires for its stretching. Then, again, civilization makes the parturient woman remain for from ten to twenty days on her back with the discharges accumulating in the pelvis, or leaking through the fallopian tubes into the peritoneal cavity, instead of having her up and about all the time with the uterus well drained, as in savage woman among whom puerperal salpingitis, ovaritis and fixation of the uterus by local peritonitis are unknown. Apart from the injudicious rupturing of the membranes labor is prolonged in the civilized woman owing to the badly nourished condition of the muscular tissues of the uterus and abdominal wall.

In yet another way is civilization making labor more laborious. According to the law of the survival of the fittest, a woman with a pelvis narrower than the average, if left to nature, would probably perish in her first confinement, so that that breed of women would at once die out. By the intervention of art, women with small pelves are preserved to give birth to many children of which some will be females with pelves even smaller than their mothers'. It is true the removal of the uterus, as recommended by Lawson Tait, now that it can be done with so much safety, would put a stop to such vicious breeding.

On the other hand, civilization, while it is making the pelves of women smaller, is making the heads of male infants larger; for, in the struggle for existence, the man with the big head, and not the one with the strong arms, wins the battle of life. As every new idea that enters a man's head occupies brain space, it is tolerably certain that the average circumference of the male head is increasing. As male children inherit the qualities of their fathers to a greater or less degree, some of the big-headed man's offspring will be born with larger heads than their father had at his birth.

While nature, if left to herself, would exterminate at their birth these big-headed men who are able to amass so much wealth, civilization comes to their rescue and saves them.

Labor is prolonged in the civilized woman, owing to the badly nourished condition of the muscular tissues of the uterus and abdominal walls.

We now come to a delicate question, but one which no feelings of false modesty should prevent us from looking squarely in the face. There can hardly be one physician here who has not been consulted either by a wife, or by a husband for her, on account of lack of sexual feeling. Anyone who has had a large experience with highly civilized women can not have failed to learn that very few of them care anything for sexual intercourse. It may be argued that those who come to consult the physician for frigidity are sick women; but, in order to ascertain the truth on this point, the writer has had enquiries instituted among healthy women, and the result has been the same; that the higher one rises in the grade of civilization, the less the sexual instinct remains. This is partly the result of training, by which the civilized female is taught from her earliest years to repress every resemblance to the healthy animal and partly the result of heredity, as shall shortly be seen.

As sexual feeling in the woman is in no wise necessary for the preservation of the species, and as the women who have no such feelings are perhaps the best off, the writer does not complain of this condition of things. He merely wishes to record the fact that a great change is coming over women in that respect. It is easy to explain this by the aid of the Darwinian theory, one of the axioms of which is that qualities which are not necessary or advantageous to propagation and preservation will die out, while those which are advantageous will be preserved.

Now if there are two daughters in a family, one of whom has a strong predilection for men and the other cares nothing for them, and if only one of these girls is to be married the highly civilized man will, for reasons easily imagined, choose the latter, who will have several daughters who will inherit their mother's qualities in a varying degree. The former, on the contrary, though a great favorite, is not married and dies childless. Applying the same rule to several succeeding generations we will see that under civilization the sexual feelings will gradually die out among women. The same rule does not apply to men, for in them reproduction is an active process and only those men have progeny, who have strong sexual feelings. For, owing to the keenness of the struggle for existence, in greater part due to extravagance, no man will enter into the expense and responsibilities of matrimony unless compelled to do so by the force of his sexual feelings. Men who have little or no passion, on the contrary, die childless; so that that class of men are dying out, while there survives only the men who have inherited strong sexual propensities. So, if the argument is clear, it will be seen how men are becoming more passionate while women are becoming less so. The writer knows of several families where for three generations the process of losing sexual feeling among the females, and of acquiring it more strongly among the males, has been steadily going on.

For the sake of clearness, these thoughts have been presented very briefly; and although the writer does not wish to criticize, we can hardly fail to learn a lesson from them.

The lesson to be learned by the study of these facts is that the majority of diseases of women which we are called upon at the present day to attend were not only not known, but did not exist, among the women of four centuries ago.

That most of them are but the logical and to be expected outcome of the altered

and vitiated circumstances by which civilization is surrounding them.

That the first step to be taken in their treatment is to undo as far as we can in one generation the wrong that civilization has done to their bodies. And that we should use all the influence we possess to save the coming generation of women from the mistakes and consequent suffering of the present one, and which education, luxury and fashion are busily at work preparing for them.

PSORIASIS.

Clinical Lecture at the Montreal General Hospital by F. Wayland Campbell, M.D., L.R.C.P. London, Professor of Medicine Faculty of Medicine University of Bishop's College.

The boy now before you was, about a year ago, a patient in the out-door clinic, coming and going for several months, and seemed to be improving. He suddenly ceased attendance, and I did not again see him till a week ago yesterday, when he once more presented himself. His case is one of skin disease, and the particular form under which he is suffering is known as Psoriasis. It is also called *Leprosy* by some authors, though German authorities apply this term to the many forms of *Leprosy*. Among the public it is known as "Dry Tetter." Skin diseases are particularly difficult to diagnose, there are so many varieties, each often bordering upon another variety. It is advisable, therefore, to study carefully every case that presents itself, and in this way impress on your eye its special characteristics. Psoriasis, however, is a skin disease which is generally easily recognized. It is characterized by profuse silver-gray or mother of pearl-like scales, more or less packed together, situated on a reddened base, and are elevated to a slight extent. The larger scales can generally be very readily detached by the finger nail, and the smaller ones by gentle friction with a towel. The quantity of scales vary with the duration of the disease. With its first appearance they are most numerous, and

decrease with its duration. Any number of divisions of Psoriasis have been given, but I will content myself with directing your attention to five varieties.

1st. *Psoriasis Punctata*.—In this variety the scales are very small; not larger than the head of a pin.

2nd. *Psoriasis Guttata*.—This variety is not regular as regards the size of the patches. They look very much like drops of mortar thrown upon the skin. This form of the disease is the one this boy is troubled with, on the arms, though on his thigh (left) he has one very large patch. After a time the patches of this variety increase in size, when it is known as the

3rd. *Psoriasis Nummularis*, because the patches take on an appearance like coins.

4th. *Psoriasis Orbicularis*.—This form either appears in the shape of a ring with a centre of healthy skin, or a patch of Psoriasis heals in the centre, leaving a circle of diseased skin.

5th. *Psoriasis Diffusa*.—In this variety the patches are large and of varied shape, the whole surface being covered with scales. This form is at times most extensive. I have seen it so bad that, on a rough calculation, there was more diseased surface than of healthy skin.

Psoriasis is an exceedingly common disease in some of its milder forms. Hundreds have spots of it who seem hardly aware of the fact. It is most common about the elbow and knee-joint, but it is often met with on the body, scalp, and even the face, though fortunately it is rare on the latter situation. Very obstinate patches of a deep red wine or violet color are often met with on the calf of the leg in persons who have to stand a great deal, and who have varicose veins. The disease causes very little trouble, and, on this account, is very often neglected. It is only when the eruption is coming out that the patient has stinging feeling, followed by itching. When fully out the itching is slight, or there is none. If the patches are extensive, and

long duration, and in situations where movements affect them, large, deep cracks occur, which are very painful. There is a form of Psoriasis which is syphilitic, and the diagnosis between it and ordinary Psoriasis, depends on the fact that in the former the scales are small and of a dirty grey color, and below the skin is coppery in color and of a sombre hue.

The cause of the disease is obscure, but heredity influences it. Some authors say it is due to a specific poison. One thing is certain, it is met with, as a rule, in healthy, vigorous subjects, and does not cause much annoyance, unless very extensive. It has been known to disappear from a healthy subject when, from sickness or any other cause, nutrition decreased. The disease is usually relapsing in its character. It is seldom cured permanently. We can, however, completely remove all the morbid changes in the skin, even although the disease be most extensive. The period of relapse varies—in some only a few months, in others two or three years, and again it has been known to be entirely absent for ten years.

Treatment.—This is divided into internal and external, and includes a very great many medicines. I will only speak of a few of the most important, and therefore the most generally employed. First on the list of remedies for internal use stands arsenic, which is often able, without the aid of local means, to cure the disease. Fowler's solution of arsenic, which is the ordinary liquor arsenicalis, should be given in doses of three to five drops, after meals, combined with a few drops of spirits of chloroform, some bitter tonic and peppermint water. If the remedy is well tolerated the arsenic may be increased one drop every few days, up to twelve drops. If the disease seems inveterate, increase still further till twenty, or even thirty, drops are taken. This latter increase must also be by single, and not more than once in seven or eight days. As the patches commence to disappear, gradu-

ally return to the original dose. If the larger dose should induce conjunctivitis, dryness in the throat, or gastric disturbance and pain, at once diminish the dose. During the administration of the arsenic, acids, spiced articles of diet, and those which are laxative; also beer must be avoided. The remedy is contra-indicated in chronic diarrhoea and dyspeptic symptoms. Arsenious acid is recommended by a great skin authority, viz., Helion, to be given in pill form. It is best combined with opium. A good formula is one grain of arsenious acid, four grains of opium made with soap into sixteen pills, of which two should be taken night and morning. Arseniate of soda and arseniate of iron are both recommended. Donovan's solution—a combination of arsenious acid, iodine and mercury—is sometimes used, but I do not think it so generally useful as the simple arsenious acid in solution. The ordinary liq. arsenicalis, cod liver oil, combined with iron and quinine, according to Tilbury Fox, has given excellent results.

Local Remedies.—Tar is used in the shape of the unguentum picis, the scales having previously been removed by protracted baths. Sometimes, however, tar disagrees. This is indicated by marked irritation, or the development of tar acne. Pyrogallac acid in the form of ointment is a useful application. It leaves behind considerable staining of the skin, which can be removed by benzin. It must be used with caution in extensive Psoriasis, as by absorption it may give rise to grave symptoms. Good results, I have often seen follow, the use of the ordinary Dilute Citrine Ointment. Somewhat recently the therapeutics of this disease have received a valuable addition in chrysophanic acid, which is the active principle of Goa-powder, the Indian remedy for ring worm. It should be used in the form of ointment. It must not, however, be used on the scalp, as it discolors the hair. It sometimes induces great irritation—not so much in the patch as in the neighboring

skin. When this occurs the ointment must at once be suspended. Liquor potassæ in doses of 20 to 30 drops, three times a day, is advised, and Dr. McCall Anderson, of Glasgow, speaks highly of carbonate of ammonia in doses of ten grains at first and gradually increasing to forty grains.

Wry Neck.—The little boy before you is aged ten years, and presents himself to-day for the first time at the clinic. You will observe that his appearance is peculiar, his head being twisted to one side, and he is unable to return it to its proper position, and this condition has persisted for some weeks. This condition is known as Wry Neck or Porticollis, and consists either in a temporary or permanent shortening of the cervical muscles, especially the sterno-cleido-mastoid. The result is that the head is twisted to one side. The head is nearly immovably fixed, so that if the patient desires to look at any object, unless it is directly in front of him, he must turn his entire body. It is said to sometimes be congenital, but such a cause is very rare. More often it is the result of a position assumed in consequence of an enlarged and painful condition of the lymphatic ganglions of the neck, compelling the patient to keep the cervical muscles in a constrained and rigid state. No matter what be the cause, these muscles soon become permanently contracted and indurated. If you examine them you will find that they feel like dense, rigid cords, and their outline is easily seen. Not only is the sterno-cleido-mastoid affected, but very often also the platysma, trapezius, scalene, splenius, and sometimes the elevator of the scapulæ.

The *Prognosis* is doubtful. In recent cases, caused by muscular spasm, and due to cold, a cure very often takes place, especially if the case be early placed under treatment. On the other hand, if the deformity is complicated, and a large number of muscles are involved, the outlook is very gloomy.

Treatment.—If the disease seems to be

due to rheumatism, iodide of potash, with colchicum wine, is useful. Atropia in a dose of $\frac{1}{200}$ of a grain is recommended for this class, to be hypodermically used. At the same time employ local applications of soap liniment, belladonna liniment, and opium. Failing success by medicinal treatment, then resort must be had to surgical. This consists in dividing the inferior attachment of the muscle, and allowing the head to regain its normal position. After this the head must be kept in proper position by an apparatus, many forms of which have been devised.

Eczema Palmaris.—This man came to the out-door clinic complaining of pain at the tips of the fingers, especially on movement, which has troubled him for some time. If you examine them you will find them creased by irregular fissures, fairly deep, and some of which, from their position, are opened and closed by the movements of the hand. The disease in this case is comparatively mild to what I have often seen, and is known under the name of Eczema Palmaris. The hands are very often the seat of the most varied forms of Eczema, acute as well as chronic. The many irritating substances with which they come into contact, prepares them for its frequent appearance on this place. Here we find the disease most obstinate to treatment; the thick epidermis of the hand prevents the eruption of vesicles, and at the same time preventing the action of local applications.

Treatment is both internal and local. The internal is specially directed to improving general nutrition, while the local includes the benzoated oxide of zinc ointment, carbolic acid ointment, borax, alum and glycerin in form of ointment. Sometimes the fissures are so deep that they require to be touched with the solid stick of nitrate of silver, and afterwards brushed over several times daily with a moderate solution of sulphate of zinc in glycerine and water.

Society Proceedings

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Regular Meeting, October 18th, 1889.

DR. ARMSTRONG, PRESIDENT, IN THE CHAIR.

Dr. Bell brought before the society a boy, aged 12, with a most marked double talipes equino-varus. He had undergone several operations and spent a great part of his childhood in apparatus of some kind or other. All failed, however, to remedy the deformity, and he was able to walk so little that the leg muscles became atrophied. In this condition Dr. Bell decided to operate, and enable the boy to walk on the soles of his feet, by removing as much of the tarsus as might be necessary to secure this result. On the 26th of April last Dr. Bell operated on the left foot by removing the astragalus scaphoid, cuboid, portion of the head of the os calcis and outer cuneiform bones. In six weeks the wound was healed, and a strong boot having been secured, the patient was discharged for a few months before operating upon the other foot. Upon the 16th July last the other foot was operated upon by removal of the cuneiform bones and the cuboid, with the head of the fifth metatarsal bones. In two months he was discharged, with a well fitting boot for the right foot. He now (less than three months after the operation) walks well on the soles of his feet, and the leg muscles are increasing in size and strength.

Dr. Roddick suggested that to prevent any relapse a properly suited instrument should be worn.

Dr. Mills pointed out that the case raised many interesting questions, both physiologically and psychologically, when it is remembered that there is a "muscular sense" of the greatest importance in regulating muscular efforts and imparting a knowledge of the relations between these and the forces opposing them. When, again, every sense-impression, even of vision itself, may be said to be associated with muscular contractions, (ocular muscles) it is impossible to avoid the conclusion that the complexity of the movements of consciousness was dependent in part on the relations between movement and sensation.

The importance of recent agitation in reference to muscular training in schools became apparent. It was also comprehensible that the muscular movements carried out systematically might improve feeble intellect or aberrant moral natures, and it has been found to be the case by actual experiment. One would naturally expect in the case of the child before the society, that now, when his lower extremities with their muscles,

joints and cutaneous surfaces placed in new relations there would be added avenues of sensory impressions which would be available in building up the intellect and moral nature. The question was not whether it was so, that was beyond controversy, but whether the growth was susceptible of observation by us amid the complexities of the child's physical life. It was worth while to see what could be done in this direction, as it bore so directly on the fundamental problems of education.

Dr. Bell said his patient compared very favorably in intellect with that of other children.

Dr. Shepherd stated that he cut irrespective of the bones, and disregarded the articulations.

Dr. Trenholme cited the case of a boy ten years of age who could not sit up in any position, through spinal affection, who showed wonderful mental ability, and he thought that our most muscular men were not the most intelligent.

Dr. Mills, in replying to others, said that he had not made himself understood, judging by the character of the others' remarks. He asked consideration for the single fact that almost every skin sensation was associated with a corresponding muscular movement; that the mere retinal image would of itself go but a little way towards what is implied in "vision." The importance of the muscular sense and general cutaneous sensibility has been much underestimated as purveyors of the materials for building up the mental fabric.

Pathological Specimens.—Dr. W. Gardiner exhibited (1) Cyst of the broad ligament without involving the ovary. It lay within the layers of the broad ligament and was easily shelled out; no pedicle. The excesses of tissue of the broad ligament was ligated and excised.

(2) Small multilocular cyst of ovary, which, previous to the operation, had been mistaken for a fibroma of the uterus. It was very adherent to the retro uterine pouch and bladder.

Dr. Johnston related a case in which he had performed an autopsy in a man aged 27, very powerfully built, killed by a packing case falling on his abdomen. Left os innominatum was fractured through the acetabulum. The sacro iliac articulation and the symphysis pubis were all dislocated.

Dr. Roddick showed a vesical cystine calculus removed by lithotomy.

Dr. Ruttan did not think from the external appearance that the calculus was cystine.

Dr. Mills asked Dr. Roddick if he could discover anything in the patient's method of living to account for this formation.

Dr. Bell exhibited a specimen showing the lower end of the humerus removed in excision of the elbow ten weeks after an accident, which resulted in ankylosis, in a position of extension and pronation and partial dislocation inwards. (On removal, the lesion was found to have

been a separation of epiphysis of the lower end of the humerus. It was displaced forwards and inwards, and had become attached to the front of the lower end of the shaft and at right angles to it. The sigmoid cavity of the olecranon fitted upon the inner epicondyle and the head of the radius rested upon the outer half of the articular surface. The patient's age was 12 years.

Dr. Gurd exhibited a macerated foetus of rather more than three and a half months' gestation, from a case of missed abortion. The following history was given: The patient is a very large, healthy woman, mother of four living children, had menstruated last on January 23rd, and believes she became pregnant on the 5th of February. She was troubled with uncomfortable symptoms of pregnancy until about the 25th of May, when these suddenly stopped and her abdomen ceased to enlarge. From this time till September 23rd she complained of weight and coldness at the lower part of the abdomen. Every evening she had chills, but says she had no fever. Dr. Gurd was sent for on September 25th, and found a bag of membranes presenting. In about three hours afterwards the foetus was expelled. The cervix was hard and unyielding, so that he was unable to remove the placenta with the fingers. Dr. Alloway's assistance was sought, and under ether removed the closely adherent placenta piecemeal. The placental mass was unusually firm and hard in texture.

Dr. Trenholme said, with regard to this interesting specimen, the question arises how can such a dead and decomposed foetus be retained for four months. This can occur in but two ways; first, by the occlusion of the cervical canal; and, secondly, by the imperfect development of the decidua. The first mode he would not dwell upon, as it could not have existed in this case. The second cause of retention is of deep interest, and will never be found apart from exhaustion, general or local, and is due to imperfect and abnormal development of the decidua. In these cases he believes the foetus is destroyed for lack of uterine vitality whereby the reflex decidua fails to expand and give the required space, and thus the membrane must give way or the child perishes. Again, the question arises, why should this take place? and my reply would be that this is due to the lack of the union of the reflex and the true decidua. In these cases Dr. Trenholme has found the decidua smooth—not congested—and the uterine muscular tissue cartilaginous. In short, no predisposition on the part of the uterus to carry on the work it undertook to perform. This state of things enables us to understand how such a foetus is so long tolerated; also, how it is that such patients may menstruate regularly, have attacks of metrorrhagia, and even conceive again.

Drs. George Ross and Johnston suggested that a committee be appointed to ascertain the age of the foetus.

Dr. Major exhibited for Dr. Corsan a membranous cast of the trachea which had been coughed out after intubation in a case of diphtheria.

Dr. Major then read a paper on "The use of peroxide of hydrogen in diphtheria." This paper will be published at length.

In the discussion which followed, Dr. Corsan stated that he had used it frequently in nasal cases and found it very useful in keeping the passages clear.

Dr. Birkett remarked that Vogelsang had in 1885 used peroxide of hydrogen as an internal remedy in cases of diphtheria with remarkable success.

Dr. Major then read a few notes on "Two cases of deformity of the nasal septum, which will appear in full in our next issue.

The publishing committee was then appointed by the President as follows: Drs. James Stewart, F. W. Campbell and James Bell.

Dr. W. Gardner then read his retiring address, in which the work of the past session was carefully reviewed.

Regular Meeting, November 1st, 1889.

DR. SHEPHERD, FIRST VICE-PRESIDENT, IN THE CHAIR.

Dr. Johnston exhibited a pathological specimen from a case of chronic suppurative otitis media, in which there was, on the anterior surface of the right petrous bone, posterior to the edge of the semi-circular canal, and anterior to the region of the mastoid cells, a perforation a quarter of an inch in diameter, with thickened, rounded edges. At the edges slight adhesions exist between the petrous bone and the corresponding portion of the dura mater; but the dura mater readily removed, and is intact. The superior petrosal sinus is plugged with a recent thrombus; the right lateral sinus is filled with greyish-brown, fetid fluid, extending half way up to the torcular herophyli. The inferior petrosal sinus and the internal jugular vein are filled with a similar material, their walls thickened, rough and, in places, necrotic. On the external aspect of the inferior petrosal sinus the bone is exposed. On sawing into the temporal bone the cavities of the middle and internal ear are filled with a cheesy, fetid mass, which consists microscopically of leucocytes, crystalline fatty acids and bacteria; the drum membrane represented only by a few fibrous bands holding the ossicles in place. The tympanic cavity, the Eustachian tube, obstructed by granulations, and its surfaces, in places, have become adherent. Near the mastoid process the soft parts are free from cedema and infiltration. The external auditory meatus shows no obstruction. The

results of further examination of the organs of the body are as follows: Heart contains very little blood; organ anæmic but muscular; substance and valves normal; right lung partially consolidated at lower lobe behind; left lung crepitant throughout; pulmonary vessels free, no infarcts; spleen greatly enlarged, measures eight inches by four and a half; weight 520 grammes; organ very soft; the anterior shows several infarcts each with thrombosed vessels at its apex; splenic artery and vein free from clot; kidneys in a state of parenchymatous nephritis; brain itself shows nothing beyond a single small white firm spot of infiltration, the size of a bean, in right optic thalamus, half an inch posterior to its anterior extremity. The rest of the P.M. gave negative results.

Dr. Mills inquired whether there was any P.M. appearances to explain the heart murmurs heard during life?

Dr. Johnston replied negatively.

Dr. Mills thought that the explanation of murmurs in such cases, especially as they increased towards death, was dilatation, with possibly weakness of action. The dilatation was due probably to defective nutrition leading to loss of elasticity. He had noticed this tendency to dilatation in the hearts of dying animals on which he had experimented.

Dr. Bell mentioned an analogous case of septicæmia following perityphlitis, in which cardiac murmurs developed under observation, and became very marked before death. No valvular or other cardiac lesion being found on P. M. examination.

Dr. James Stewart saw the patient for 24 hours before death, and coincided with the view expressed by the physician in attendance that the case was one of ulcerative endocarditis. There was a loud systolic murmur at the base not propagated into the vessels of the neck. The heart's dulness was increased and the apex displaced downwards and outwards. All the signs pointed to dilatation of the heart. It appears to me highly probable that such dilatation can easily be accounted for by the fever and anæmia.

Dr. Buller said: I notice the aperture leading from the antrum into the cranial cavity is a pretty large one, and has probably been forced quite gradually, as the edges are smooth and rounded. I would like to know what was the nature of the contents of the tympanic antrum and the aperture in question. I ask this question because it appears to me that this may have been a case of cholestatoma, such as we sometimes meet with in chronic suppurative otitis media. This collection of epithelial scales, pus cells, cholesterine and fatty detritus, tends to cause erosions of the bone, and it occurs to me that the aperture might have been formed by the action of such an accumulation.

Dr. Brown said the heart must have been

dilated, from the fact that the beat was considerably displaced beyond the nipple line. The patient had never at any time complained of any symptom of ear disease.

Dr. Johnson replied that the heart, at the autopsy, was not dilated nor displaced to the left. The displacement of the apex beat might have been caused by pressure of the enlarged spleen, which might possibly also have influenced the murmurs. The cheesy material filling the tympanic cavity contained no epithelial cells nor cholesterine crystals. There was no doubt of the bone disease being chronic.

Dr. Alloway exhibited (1) a specimen of a large multilocular ovarian cystoma, weighing forty-five pounds, which he had removed some weeks ago from a patient forty-eight years old. The adhesions were extensive and the drainage tube used. Recovery was uninterrupted.

(2) Two cystic ovaries with their tubes. The case was one of recurrent pelvic inflammation. The chief symptoms caused by this condition were constant vomiting, headache and pelvic pain. All other methods of treatment had been tried unsuccessfully. It is now three months since the operation, and there has been no return of symptoms.

Dr. England gave a history and exhibited specimens of a case in practice. The history was as follows:—

Mrs. A. J. B., aged 26, is a healthy-looking and rather stout woman, who always enjoyed the best of health until five years ago, when she gave birth to a child. She had a long and severe labor, the medical man in attendance finding it necessary to deliver her with forceps (no anæsthetic was used). Both the perineum and cervix uteri were severely lacerated. Her recovery was slow, and ever since she has suffered a great deal from abdominal pelvic and reflex pains. She could walk no distance nor allow the least pressure on her abdomen so great was the hyperæsthesia of all the pelvic organs. Dysparennia and menorrhagia were also present, the flow recurring every two or three weeks and keeping up from five to seven or eight days.

Three years ago I repaired the lacerated cervix with some benefit to all symptoms. She continued to menstruate regularly, however, every three weeks until January, 1889. Then for three months she saw nothing, and considered herself pregnant; during this time she had more or less nausea and vomiting. About the end of March, i.e., two and a half months after her menses ceased, the patient was in Montreal, doing a good deal of running about the city, and while here she was taken with a sudden flow of blood accompanied by some pain, for which she consulted me in my office. I advised rest in bed for a week, and gave her a few morphia pills for the pain, which I afterwards learned had the desired effect, stopping both the pain and discharge. In July her husband, who lives

in the country, was in town and called on me, saying that he was pleased to be able to report that Mrs. B.'s health was excellent, and better than it had been for years before; that she expected to be confined about the middle of Oct., and he had called to engage me to attend her. I heard no more from my patient until Oct. 10th, when I received a note reminding me of her case and saying my services might be required at any time. Eight days later I received a telegram asking me to leave by the first train.

I arrived at 6.30 p.m., found my patient had been suffering pains from 11 a.m., which had steadily increased in frequency and severity until they were almost constant and expulsive in character, causing her to seize hold of some support, and force down, as is usually done in the second stage of labor. Losing as little time as possible I got the patient into bed and made an examination, finding, to my astonishment, an empty vagina; a small, firm, retroverted uterus, bound down by old inflammatory adhesions, which was very sensitive to the slightest pressure. The cervix was sufficiently open to admit a number 10 gum elastic catheter to the extent of four inches. No abdominal tumor or change in the breasts could be made out. The pains continued, or even increased, in severity in spite of large doses of morphia frequently repeated throughout the night. During the night the cervix dilated somewhat, and in the morning I was able to feel some soft body in the uterine cavity. Being obliged to return home, I left my patient under the care of Dr. Brown, of Acton, P.Q., and from him I learn that the pains continued until 4 p.m., when he drew from the cervix the specimen with a pair of forceps, giving complete and immediate relief of pain. While the pains lasted there was a little bloody discharge, but nothing of any account. The specimen is triangular in shape, about two inches in its greatest length, showing a complete cast of the uterine cavity.

Dr. Johnston said the specimen showed distinct traces of amnion and chorionic villi at an advanced stage. This would probably be recognized by microscopic examination. No foetus was present. The intense pain might be accounted for by the supposition that if the case were one of missed abortion the condition of the uterine mucosa might be similar to that in membranous dysmenorrhœa.

Dr. Alloway said that the case was most probably one of missed abortion; that pregnancy ceased about the third month, and that the uterus did not expel its contents for several months afterwards. The retroplaced uterus incarcerated in the pelvis might have accounted for the delay in expulsion. This would also account for the very severe pain experienced. He (Dr. Alloway) had reported a similar case to the society some three years ago, and he thought,

under the circumstances, that Dr. England had adopted the proper treatment, but would advise in another similar case that every effort be made to replace the uterus before the induction was resorted to. As a rule, the uterus in such cases is not absolutely fixed by adhesions at the fundus; it is simply impacted in the pelvic cavity, otherwise sterility would more than likely have been absolute.

Dr. McConnell related a case of a somewhat similar nature. Mrs. S., aged 42, has large family; six months previous to my seeing her the menstrual flow had not come on, nor did it the following; but a week or so after she had pains and a profuse flow, and she supposed she had had an abortion. She was regular at the next four periods, when I was again called to see her; pains and flowing had continued for some days and she became alarmed. I found, on examination, a membranous sac projecting from os, which was easily removed; it was about the size of an egg; a bladder-like sac filled with fluid, and a small foetus floating in it. The foetus had perished at the time of supposed complete abortion, and although menstrual periods had come on regularly after (there had been more lost than usual) it had remained four months after.

Dr. Roddick exhibited a mass of tuberculous glands removed from the neck of a young girl. Both sides of the neck were engaged in the disease, and were operated upon simultaneously. Upwards of eighty glands being removed through the two incisions. The patient was discharged well on the eleventh day after the operation. There was no evidence of tubercular disease elsewhere. Her maternal uncle died of phthisis.

Dr. Mills exhibited a dozen small calculi, of the size of very small peas, several like duck shot, taken from the urethra of a dog, after death. They had been diagnosed during life by the catheter. Operation not being permitted, the dog died comatose. Bladder greatly distended.

Dr. Ruttan here mentioned that the examination of Dr. Roddick's specimen of vesical calculus exhibited at the last meeting proved that it was purely cystine.

Progress of Science.

HABITUAL CONSTIPATION.

R. Aloin., ext. nucis vom., ferri sulph., pulv. ipecac, pulv. myrrhæ, saponis, āā gr. $\frac{1}{4}$. M. Ft. pil. Sig.—One pill to be taken half an hour before last meal of the day.—Sir A. Clark.

Or, R. Ext. cascariæ s liq., f 3 ij; tr. nucis vom., f 3 ij; glycerin, f 3 j; aquam, ad f 3 iv. M. Ft. mist. Sig.—3j, as required.—*Med. Digest.*

SUBSTITUTE FOR CARLSBAD SALT.

R. Sodii sulph., 3 j ; sodii chloridi, sodii bicarb. āā 3 ss. M. Ft. putv. Sig.—Take in half a tumblerful of tepid water.—*Coll. and Clin. Record.*

VOMITING OF PREGNANCY.

In the treatment (medicinal) of the vomiting of pregnancy Prof. Parvin prefers three to five drops of tinct. nucis vomicæ given *ter die*.—*Coll. and Clin. Record.*

COLIC.

A mixture for colic, suggested in *St. Louis Journal of Medicine* is the following : R. Tinct. opii, tinct. rhei, spirit. menthæ piperit, spirit. camphoræ, spirit. chloroformi, tinct. capsici, āā ʒ v ; tinct. catechu comp., q. s. ad f 3 j. M. Sig.—A single dose.

THE TREATMENT OF CORNS.

Dr. C. McDermott writes to the *British Medical Journal* that a saturated solution of salicylic acid in flexible collodion is an excellent remedy for corns. The corns should be painted twice a day. It takes about twelve days for their complete removal.

CHRONIC CATARRHAL RHINITIS.

For chronic catarrhal rhinitis this combination is highly recommended : Salicylate of zinc, tannate of bismuth, of each sixty grains ; powdered borax, thirty grains ; salol, twenty grains ; powdered talc, two drams. Mix and use as a snuff.—*Kansas City Medical Index.*

RINGWORM.

The use of salicylic acid, as a local application in the treatment of ringworm, has been very efficient, but attended by severe pain in some instances. This can be avoided by the addition of cocaine if there is an abrasion of the skin, or oleate of morphia.—*New Orleans Med. and Surg. Jour.*

TO REMOVE TATOO MARKS.

The *Medical World* says that tatoo marks may be entirely obliterated by pricking each spot with a needle until it bleeds, then injecting a solution of tannin, and finally cauterizing with nitrate of silver. The mark is effaced in about four weeks after passing through many shades of color, like the slow disappearance of a "black eye."

THE DIAGNOSIS OF HERNIA.

Dr. Multanovski suggests the addition of a new diagnostic sign to the classical method of

diagnosing abdominal hernia. Having made observations on 152 cases of hernia in Professor Bogdanovski's wards, he states that in all these, when the finger was passed up into the abdomen, a more or less tightly stretched strap-like band could be detected connecting the contents of the sac with those of the abdomen.—*Lancet.*

CREASOTE WITH COD-LIVER OIL AND SACCHARIN.

Dr. Seitz gives the following formula in the *Therap. Monatshefte*, 1889, No. 48 :—

Creasote,	2.5 parts
Cod-liver oil,	200 "
Saccharin,	1 "

Dose : A tea to a tablespoonful, 1 to 3 times daily for adults ; for children the amount of creasote should be less.—*Med. and Surgical Reporter.*

TREATMENT OF SCIATICA.

A case of sciatica following exposure, and nine weeks' duration, was treated by Prof. Da Costa in the following manner : Apply a strip of blistering plaster in the course of the nerve, and administer

R Tinct. colchici seminis,	gtt. xv.
Potassii iodidi,	gr. x.
Tinct. zingiberis,	gtt. x.
Aquæ,	āā q. s. ad. f 3 ij.—M.

Sig.—Take with water three times a day, between meals.

TREATMENT OF GANGLIA.

Dr. Barth has successfully treated ganglia, lipomata, and other small tumors by injecting one or two drops of Fowler's solution, after disinfection of the surface. The injection is followed by considerable pain and swelling of the cyst and periphery, but these soon subside and the tumor diminishes rapidly in size. The procedure is indicated in the case of patients who are unwilling to submit to a bloody operation ; its chief disadvantage, the pain, may be prevented by adding to the injected fluid an equal quantity of a 1 to 2 per cent solution of cocaine.—*Union Medic.*

TREATMENT OF MALIGNANT DISEASE OF THE UTERUS.

Dr. G. E. Schoemaker (*Polyclinic*) states that from an operative point of view there are three periods in any form of malignant disease of the uterus.

1. Early, when operation should be immediate and as radical as possible, without extirpation of the uterus.

2. Intermediate, when, eradication being impossible, nothing should be done unless demanded by severe hemorrhage or extreme pain. The length of this period is indefinite, and depends on the rapidity of growth.

3. Late, when scraping and burning may be done repeatedly, to palliate symptoms and retard growth.

CHLOROFORM IN DYSPEPSIA.

Chloroform is administered in various forms of dyspepsia, fermentation and flatulence, and has been found especially useful in the treatment of the painful dyspepsias which occur in dilatation of the stomach. Drs. Regnault and Laseque suggest the following formulæ :

R. Chloroform water, 150 parts
Orange-flower water, 5 "
Water, 100 "

M. S. One dessertspoonful to be taken, at intervals of fifteen minutes, until the pain ceases. Or,

R. Chloroform water 150 parts
Tincture of anise 5 "
Water, 145 "

M. S. As above.

—*Revue Gen. de Clin. et de Therap.*

METHOD OF REDUCING DISLOCATION OF THE JAW.

Dr. Gerin, in a case of unilateral dislocation of the jaw, employed the following method. The patient, being seated, the physician stands behind him, and with the left hand placed on the patient's forehead, he fixes the head firmly against his chest. A compress folded to several thicknesses is placed over the lower teeth on the affected side. The surgeon then introduces his thumb between the dental arcades in such manner that the palmar surface of the thumb rests upon the molar teeth, while the other fingers grasp the horizontal portion of the lower jaw. Then bending a little forward over the patient he presses on the maxilla, combining with this downward pressure a slight backward movement. Almost immediately the bone is returned to its articular cavity.—*Bulletin Gen. de Therap.*

PLEURISY.

The *Medical World* gives the following prescriptions :

R. Antimonii tartarati, gr. j; vin. ipecacuanha, dr. j; aq. dest., oz. viij. One teaspoonful every hour. In acute pleurisy.

R. Potass. iodini, gr. xxxij; syr. ferri iodidi. oz. j; glycerini, oz. j. One teaspoonful twice a day. In children's pleurisy.

R. Potass. nitratis, dr. ij; liq. ammo. acetatis. oz. ij, dr. ij; sp. ammon. arom., dr. ij; tinct. aconiti, dr. ss; aq. dest. ad., oz. viij. Two tablespoonfuls every five hours.

R. Ammo. carb., dr. ss; sp. chloroformi, dr. iij; vin. colchici, dr. ss; liq. ammon. citratis, oz. iiss; mucil. acaciæ, oz. vi; aq. dest. ad., oz. viij. Two tablespoonfuls every four hours.

R. Pil. hydrarg., gr. ij; fol. digitalis, gr. ½; pulv. scillæ, gr. iss. Make one pill, to be taken twice or thrice daily.

CANCER OF THE ORIS, AND ITS SUCCESSFUL TREATMENT BY THE LOCAL APPLICATION OF CORROSIVE SUBLIMATE.

Drs. Yates and Kingsford report in the *Lancet* of May 4, three cases of this fatal disease, which were successfully treated by corrosive sublimate in the following manner: The sloughs were immediately cut away, as far as possible, with scissors, and the surface freely swabbed with a 1 in 500 solution of perchloride of mercury, and dressed with lint kept constantly wet with a similar solution (1 in 1,000). This dressing was continued every twelve hours until the surfaces were perfectly clean and healthy, when the mercurial lotion was discontinued. The first of the author's cases was treated by the application of fuming nitric acid, without any marked result, and it was then decided to try the efficacy of the solution of the perchloride of mercury, on the assumption that the disease was probably due to some micro-organism.

IODOFORM IN BURNS OR SCALDS.

In the Moscow therapeutic weekly, *Novosti Terapii* No. 10, 1889, p. 147, Dr. Afanasy S. Shtcherbakoff, of Rostov-on-Don, warmly recommends the local use of iodoform as an excellent and innocuous means for burns and scalds of any degrees and kinds, both in adults and children. He employs an ointment made of one drachm of iodoform to one ounce of white vaseline. Having freely spread the salve over a sufficiently large piece of iodoform gauze, he applies it to the part injured, covers the gauze with a layer of hygroscopic cotton wool, and fixes the dressing with a roller bandage. Having resorted to the treatment in a large number of cases, the author never yet observed any unpleasant accessory symptoms pointed out by Koenig, Winiwarter, etc. Hence, he emphatically suggests to give an extensive trial to the method, which, in addition to its being effective and safe, is very simple and convenient.—*Provincial Med. Journ.*

THE INFLUENCE OF STROPHANTHUS ON UTERINE HÆMORRHAGE.

A. Williams M D., of Elk Ridge, Md., read the following paper before the Baltimore Medical Association :—

In strophanthus we have one more drug that can be added to the small number that in any degree control the discharge of blood from the uterus. In properly selected cases it has a decided influence to stop and control uterine hæmorrhage. The cases are such as have been very much debilitated from long continued and profuse menstruation, or from loss of blood at other than menstrual periods where the uterus is heavily congested, a condition common to these patients. In these it acts well.

In the treatment of these cases it is essentially important that they be made to lie down or be put in bed to rest, for the best results are not obtainable when the woman is allowed to be about.

I think strophanthus acts through its influence on the general circulation, which is that of a heart stimulant or tonic. Through this action on the feeble circulation, found in these cases, blood stasis and local congestions are removed.

It is best administered in the form of a tincture or of powdered seed. Of the tincture (strength 1 to 20), 5 to 6 drops, can be given every six hours. Of the powder, $\frac{1}{4}$ to $\frac{1}{2}$ grain, at the same intervals, though I have given as much as one grain with satisfactory results.—*Maryland Med. Jour.*

THE TREATMENT OF CARBUNCLES.

Dr. E. P. Hurd says : The method of crucial incisions has long been a favorite method of treating carbuncles, and certainly, when thoroughly done, greatly abbreviates the duration of the malady. Some time ago I remember to have read in some medical journal a recommendation not to poultice a carbuncle when opened, but to apply a large sponge wet in some disinfectant solution, carbolic acid or corrosive sublimate. This is a very sensible procedure, as I can testify from experience. The sponge should be large enough to completely cover the carbuncle and may be cut into shape so as to fit over it like a cap. Before being applied, it is dipped into a sublimate solution, 1 part to 2000, or a two per cent. carbolic solution ; a little iodoform may then be dusted into the cavity of the carbuncle, down to the bottom of the incision, and the sponge is then adjusted and confined by a few turns of a roller bandage. There is no need of poulticing, for pain and tension are removed by the incisions ; the microbes are more effectually stopped in their destructive depredations by the antiseptic liquid which is thus enabled to penetrate every part, than they can be by any other method ; the dead shreds of tissue will rapidly separate under

the disinfectant dressing, and all the discharges will soak into the sponge and be kept from putrefaction. Night and morning the dressings are renewed ; the sponge, full of purulent matter is thrown into a bucket of boiling water, and afterwards cleansed and again soaked in the sublimate solution for a fresh application. Simultaneous with the separation of sloughs, granulations make their appearance, and *restitutio ad integrum* rapidly takes place.—*Medical Age.*

TREATMENT OF ACNE WITHOUT ARSENIC, SULPHUR OINTMENTS OR LOTIONS.

Dr. G. H. Fox, in a paper read before the Medical Society of the County of New York, said :—

It was not to be inferred from the title that he objected to the use of arsenic, sulphur ointments, or lotions ; he simply believes their field of usefulness to be limited. On the average, it is probable arsenic does more harm than good in these affections, because it is administered without discrimination.

He divided acne, for convenience in treatment, into two forms, the irritable and the indolent. In the irritable form the skin is usually fine and soft, quickly inflamed by applications, and admits of no other than the most soothing treatment. This form of the disease is largely of a reflex nature, due especially to disorders of digestion and of the sexual organs. It is chiefly benefited by diet and internal remedies. The indolent form shows usually a coarse, doughy, often greasy skin. In these cases the glands, which are the seat of comedones and pustules, should be evacuated ; in other words, the skin should be kept clean ; soap and water ointments and lotions are not sufficient.

Most physicians place much reliance upon arsenic as an internal remedy in acne, but on the whole it is probable that patients would get along better if it were unknown. Sulphide of calcium has been recommended highly, but is likely to lead the physician to neglect more important measures. Ergot possesses greater value than is generally attributed to it, its chief benefit being achieved in the indolent form. In irritable acne, Dr. Fox now seldom uses the many internal remedies with which he has formerly experimented. The chief principles of treatment to be followed in acne, are the regulation of the diet and the use of local massage. Massage can be applied by squeezing out the comedones, emptying the pustules, and scraping with the round curette, kneading with the fingers, etc. But no fixed plan of treatment can be laid down for all cases.—*Medical and Surgical Reporter.*

PROF. SÉE ON HEART DISEASE.

In resuming his winter course of lectures on clinical medicine, M. Germain Sée commenced a general review of the diseases of the heart. Diseases of the heart, said the professor, are not distinct from one another. It is the same affection presenting itself under different aspects, and offering different types. Whether the case be one of subacute or acute endocarditis, ulcerative or vegetating, the disease is always parasitic, and this view leads to a no less revolutionary deduction, that of the negation of their inflammatory nature. Under the latent and sometimes the remote influence of a specific disease, especially of articular or choreic rheumatism, the endocardium is exposed to the action of the microbe, easily defined in this part, although not so readily recognized in the joints. At other times the cause is typhoid fever, or an attack of diphtheria long forgotten, scarlatina, infectious pneumonia, or even syphilis. There is no exception to this rule of the parasite origin of valvular or myocardial mischief, except in chronic affections of the aortic orifice of old people; which coincide and result from the fatty, atheromatous, sclerous changes of the arteries. Like all other cardiac diseases, those of the aortic orifice in the young are parasitic. It is degeneration without a trace of inflammation that is found in all heart lesions, whether acute or chronic, and to this condition Prof. Sée would give the name of "endocardie." The same parts, the same elements and the same spots are invaded, the permanent lesion consisting of a hyperplasia of the conjunctive tissue. The disease is a continuation of the morbid process, which began in an acute or subacute form, perhaps unperceived by the patient or medical attendant. There is consequently but one cardiac disease presenting two types—the endocardial and the valvular types. A third type is due to sclerous, atheromatous and other changes in arteries, comprised under the general term "arteritis," due to age, alcoholism, gout, diabetes, etc. The fourth type, and to which M. Sée assigns the most important place, is that condition of the heart which is caused by sclerosis of the coronary arteries, leading to degeneration and narrowing of the vessels, and ultimately to sclerosis of the myocardium—the fifth type. In the sixth class Prof. Sée places the hypertrophies and dilatations consequent upon primary valvular disease. The seventh class comprises the nervous troubles. Prof. Sée does not think, however, that palpitation and acceleration of the heart's action ever leads to hypertrophy. A pulse of 140 may exist without producing this effect. Nor does exophthalmic goitre lead to the slightest lesion or fatigue. The eighth type is the pericardiac, the cause being always parasitic. In the ninth and last

category come dilation and aneurism of the aorta.—*Lancet*.—*New Orleans Med. and Surg. Journal*.

CLINICAL SIGNIFICANCE OF COLORLESS STOOLS.

At a recent meeting of the Royal Medical and Chirurgical Society, a paper by Dr. T. J. Walker was read by Dr. Andrew Clark as to the "Clinical Significance of Colorless or Clay colored Stools unaccompanied by Jaundice, their Connection with Disease of the Pancreas and on the part played by the Pancreas in eliminating Bile from the Intestines." (*Lancet*.) After referring to the accepted views of the significance of clay colored stools, the author gave particulars of two cases in which during life a persistent symptom was the absence of color in the fæces, and in which the diagnosis made of obstruction of the pancreatic duct, with a healthy condition of the bile duct, was confirmed by the necropsy. From these cases he concluded,

1. That the formation of hydrobilirubin, the coloring matter of the fæces, depended on the mutual reaction of the bile and pancreatic fluid, under the influences met with in the intestinal tract.

2. That in disease a deficiency of pancreatic fluid would, equally with a deficiency of bile, cause the pathological condition of colorless or clay colored stools.

3. That, since, according to the most occult physiological researches, that portion only of the colored constituents of the bile which had been converted into hydrobilirubin was excreted in the fæces, while the unchanged bilirubin, bilifuscin, and biliverdin were absorbed, it followed that if hydrobilirubin, could not be produced without the aid of the pancreas, that organ must have an important rôle in regulating what proportion of the bile entering the intestines should be absorbed and what thrown off in the fæces.

Dr. Walker then pointed out that these conclusions received confirmation from the records of other published cases, that Claude Bernard recognized that the pancreas had a part in causing the color of the fæces, and that the state in which the bile pigments were found in the meconium of the fetus, while the pancreatic function was in abeyance, also accorded with these conclusions.

He further pointed out that the fact of the pancreas influencing the excretion of the bile in the fæces would, if accepted, reconcile the discrepancy between the clinical observation that certain drugs produced copious bilious stools, and the physiological observation that these drugs had little or no influence on the secretion of bile by the liver; and that the same fact would explain those hitherto inexplicable cases in which, with no evidence of arrest of the bile-secreting functions of the liver

or of obstruction of its ducts, the symptoms of white or clay colored stools was persistently present.

In conclusion, Dr. Walker indicated the practical importance of the views he had endeavored to establish in the treatment and diagnosis of pancreatic disease and of all forms of bilious disorder.—*Therapeutic Gazette*.

THE DIAGNOSIS OF CANCER.

Although the introduction of antisepsis and the progress made in our operative technique have greatly improved the prognosis of cancerous diseases, it must be confessed that our diagnostic means are still far from satisfactory. This is to be the more regretted, since an early diagnosis greatly enhances our chance of effecting a permanent cure in these cases. At the late Congress of the German Surgical Society, Professor Esmarch spoke of the usefulness of statistical studies in affording us information as to the etiology and diagnosis of cancerous diseases. He called attention to the fact that syphilitic tumors, especially of the tongue and throat, are not infrequently confounded with malignant growths, and proposed that the old term, "gumma," be abandoned, since these syphilomata (as he terms them) more often resemble in structure the fibromata and sarcomata. In fact, a large number of the sarcoma group, especially those of the muscular tissue, are to be regarded as syphilomata, and may be cured by internal treatment alone, whilst some forms of malignant keloid and some of the malignant lymphomata, may also be placed in this class. During the past year Prof. Esmarch classified all the cases of sarcoma of the muscles occurring at his clinic, and found that at least one-half of them were true syphilomata which promptly responded to specific treatment.

Tuberculous tumors (tuberculomata, the author calls them) not infrequently have given rise to errors of diagnosis, and it should be remembered that masses of pure tubercle may exist for long periods in the tongue, breast and larynx without going on to ulceration. Of course, in the case of actinomycosis mistakes are not uncommon, since the disease has been known only for the last ten years.

To avoid these errors of diagnosis, it is plainly our duty to make a thorough microscopical examination of the growth before a radical operation is undertaken. For this purpose it may be sufficient to remove repeatedly superficial portions of the tumor, but if the results prove negative, it may be necessary to perform exploratory operations of magnitude, even laparotomy, laryngotomy, trephining.

In doubtful cases where the microscopical examination shows only granulation tissue and spindle cells, Prof. Esmarch recommended an

energetic and long continued anti-syphilitic treatment.

These views of the distinguished author merit serious attention. There can be no doubt that in the case of tumors a positive diagnosis is frequently not made until after their removal, and cases are probably not rare in which a microscopical examination of deeper sections of the growth than have heretofore seemed necessary might have prevented dangerous and disfiguring operations.—*Internat. Jour. of Surg.*

THE METHOD OF CONDUCTING POST-MORTEM EXAMINATIONS.

Before beginning the post-mortem examination on the body of an infant that was three months old and was supposed to have died of congenital syphilis, Dr. Hirst remarked that the body should always be weighed first; he also said that the liver and spleen in congenital syphilis are not, as in health, one-thirtieth and one-three-hundredth respectively of the whole weight, but bear a much larger ratio, the former reaching sometimes so large a ratio as one-sixth of the whole body weight. There are certain anatomical peculiarities in an infant's body with which one should be acquainted. The bladder, sigmoid flexure, and vermiform appendix are much larger proportionately in infants, while the position of the stomach is vertical, thus rendering vomiting so easy as to be mere regurgitation.

Upon external examination of the child nothing noteworthy was found. On opening the abdomen, the spleen was found to be of normal size, as was also the liver, so that there proved to be far less ground for suspicion of congenital syphilis than had been looked for. The kidneys were, as usual, lobulated. The respiratory organs were examined from the mouth down, in order to detect a foreign body, as a curd of milk, in the trachea, if the child had during life inspired some solid substance. The lungs were healthy, thus excluding pneumonia, which is a very frequent cause of death in infants. The thymus gland was normal. Dr. Grawitz has reported two cases in which this gland was so enlarged as to choke the infant. The heart was normal. The ductus arteriosus was closed. Dr. Hirst had seen it open in an infant four weeks old, and again at the third month. The foramen ovale, which remains patulous for a few days in all cases, was found reduced to an opening the size of a pin. It is not rare to find an opening the size of a pin-hole at the site of the foramen ovale as late as the twelfth month. The dura mater being, as usual, adherent to the sutures, the cranium was hard to remove. A knife was passed down the coronal and sagittal sutures, and the frontal and parietal bones thus removed. The brain was

slightly congested, but not to a degree sufficient to have caused any serious symptoms.

Dr. Hirst thought that the cause of death in this child, which had had diarrhoea, was either an ulcerated condition of the mucous membrane of the large intestines or an inflammatory infiltration of their connective tissue, causing atrophy of the absorbent glands, which latter condition a microscopic examination would be necessary to show. He also referred to the common occurrence of post-mortem intussusception in young infants and remarked that the difference between ante and post-mortem intussusception is that the latter are without signs of inflammation or congestion.

He regards sterilized milk as the great remedy to prevent diarrhoea in infants, and he has recently devised a cheap and efficient apparatus for its preparation.—*Med. and Sur. Reporter.*

RAILWAY SPINE.

One of the most curious developments of modern medical study, and one with an extremely important practical bearing, relates to a form of disorder following railway accidents, which is known by the name of "railway spine."

To those unfamiliar with the manifestations of this disorder, it would appear almost incredible that it should play so serious a rôle in the lives of persons who have received injuries which often seem far from severe, and be so often the occasion of protracted medico-legal contests. But one who has studied its phases, under circumstances favorable to a just discrimination between actual and morbid phenomena and the simulations which are sometimes practised in order to wring money from a rich corporation, will not wonder that it is regarded as a very grave matter by medical experts, and that they warmly resent the common impression that it is frequently only a form of malingering.

There can be no doubt that instances occur, in which an avaricious patient and a willing or pliable physician unite to over-estimate the damage done by a railway accident; but these cases are far more rare than is often supposed, and there is, on the whole, more danger of error in being too skeptical of the real existence of a condition for which no better name has yet been suggested than "railway spine," than there is in recognizing it and endeavoring to estimate it justly.

The cases which give most trouble are those in which there are few or no evidences of gross lesions in the spinal cord or its surrounding hard and soft parts, but in which there are manifestations of nervous disorders, following an accident and attributed to it, which may be deliberately affected from motives of cupidity. To discriminate between sufferers and pretenders, under these circumstances, is by no means an easy or a pleasant task for most medical men.

But help may be gained for the task by a study of what has been written by men of experience in such cases. A valuable paper on the subject, by Dr. Dercum, of Philadelphia, is in the Department of the *Reporter* for Pamphlet Notices, No. 296. In this pamphlet Dr. Dercum describes the classes of injury which are likely to follow blows or falls upon the region of the spinal column, and gives a very instructive review of the principles which should guide a medical witness in deciding upon the actual condition of a person who claims damages for such injuries. We cannot repeat, or even summarize, his conclusions; but would call attention to one point in particular in regard "railway spine," and this is, that there are not a few cases in which, with no gross lesions whatever, a person who has never been nervous, or timid, or hypocondriacal, develops all these characteristics after a railway injury. In women—as Dr. Dercum points out—this alteration of character sometimes takes the form of hysteria, while in the case of men precisely the same condition sometimes follows participation in a railway accident. To give the condition the name of hysteria may be—except for the etymological error of the term—scientifically correct; but to permit this to blind one to the realness of the misfortune would be a grave injustice to the subject of it.

Here is the most delicate question which can arise in the mind of a medical witness; and we believe that it is not untimely to say this word, to fortify any of our readers who may find it hard to meet the objections of counsel for railroad companies, who often honestly think medical men too prone to testify to the existence of evils which are not actually present. The medical witness ought not to ignore the possibility that a claimant for damages may be assuming or exaggerating the appearance of real nervous disorders; but no more ought he to permit himself to be deterred from doing justice to the victim of a railway accident, because there is a natural prejudice against charging whatever follows such an accident to it.—*Med. and Surg. Reporter.*

Items of Interest to the Profession.

LECTURES ON THE DUTIES OF NURSES.

Miss Alice Stone, of the School of Nursing, Edinburgh, and the Royal Infirmary, Manchester, will give, in this city, a series of lectures, of which the first and second will be devoted to the nurse's duties in the sick room, and the moral and physical qualifications they demand; the third lecture will be addressed to the ailments of the young and their special treatment; the fourth lecture will indicate the modes and precautions proper to be observed in the pre-

paration of food for the sick-room; whilst the fifth and sixth lectures will deal respectively with zymotic diseases and injuries arising from contusion and fracture.

THE LATE DEAN OF M'GILL.

Mr. Hariss, the artist, has finished the portrait of the late Dr. R. P. Howard. He is represented as standing at the bedside of a patient in the Montreal General Hospital. The portrait is intended for the Board Room in the Hospital.

THE M. G. H. APOTHECARY.

Mr. Joseph Bruce, late apothecary to the Montreal General Hospital, has opened a drug store in Morrisburg, Ontario. Mr. Watson is the present apothecary to the Hospital.

THE ONTARIO MEDICAL BOARD EXAMINATIONS.

The last batch of candidates who went up for the Ontario Medical Board examination were "plucked" by the wholesale. Only 40 per cent. passed!

RICORD.

"To the younger generation the name of Ricord has no particular significance. To maturer readers it brings to mind one of the greatest of specialists, whom thousands of patients journeyed to Paris to meet, twenty and thirty years ago, and who was summoned in consultation whenever the Emperor Napoleon and the crowned heads of Europe discovered that the divine rights of kings offered them no protection against maladies that afflicted alike sailor and sultan. Ricord, who died in Paris, October 22nd, was, as most people will be surprised to learn, an American by birth. He was a native of Charleston, descended from old Huguenot stock, and he came into the world with the century. His vast and gloomy *hôtel* in the Rue de Tournon witnessed, morning, afternoon and evening, an endless procession of wretched mortals. All around the doctor's consulting room were tiny ante-chambers, for no one of Ricord's patients cared to meet another. Ushered into the sacred presence, the visitor beheld a small, and, of late, aged and decrepit man, who questioned him, submitted him to a brief examination, and gave his decision with the laconism and certainty of science. On a table near by lay a black velvet cushion, and on this—and sometimes in a porcelain jar—the patient dropped the regulation 20 franc piece, which represented the minimum consultation fee. When the caller's face and manner pleased the Esculapius, he would chat with him a few minutes and show the stranger some choice pictures adorning the walls. But, as a rule, Dr. Ricord, in his *cabinet* attended strictly to business. If he has left any memoirs, what strange stories they may tell of imperial and royal *amours*, begun amid all the splendor of passion and ended in suffering and death."—N. Y. Paper.

A KEEN-SIGHTED WOMAN.

There is in the Hotel Dieu Hospital, Paris, a woman who can see two different sets of objects at one and the same time. While one eye is gazing at a given point the other remains perfectly still, and *vice versa*.

WHO SIGNED THE MEDICAL CERTIFICATE?

An individual who was a clerk in the India House with Charles Lamb and John Stuart Mill has just died at Ventnor, England, after having enjoyed a handsome pension for fifty four years. He had been allowed to retire, in consequence of broken health, in 1835!

THE HOSPITAL FOR DISEASES OF THE THROAT, LONDON, ENG.

At the festival dinner in aid of the Hospital for Diseases of the Throat, Golden Square, W. London, held at the Hotel Métropole, in July, Lord Randolph Churchill, M.P., the Chairman, in giving the toast of the evening, said that this was the twenty-sixth year of the operations of the hospital. During the first ten years of its existence it enjoyed the honor of being the only hospital for the special treatment of diseases of the throat, and it had attracted students from the continent and from America. Since its foundation over 110,000 poor persons had received relief within its walls, and last year, whilst 314 persons were treated as in-patients, there were 6,500 new cases as out-patients, and the total attendance of patients was close upon 30,000. It was the first hospital which established and carried into effect the principle of obtaining from the person benefited payment for the treatment received. The absolutely poor were, of course, not charged anything at all. This hospital was not in debt, and had never been in debt.

At the dinner Mr. Henry Irving presented Sir Morell Mackenzie (the founder of the hospital) with a handsome George II. silver bowl, subscribed for by several prominent actors and actresses, whose fac-similie autographs were inscribed on the inside. He observed that there had always been a deep sympathy between actors and doctors, but he did not know why, unless it was because the doctors regarded the players as a little mad. (Laughter.) Actors were on the free list of the doctors' skill, and the present to Sir Morell was intended as a slight token of the great regard in which he was held by them. Without his aid some of them would have been unable to speak, which many persons might possibly think a great advantage. (Laughter.) He had heard many suggestions regarding the interpretation of "Macbeth," but upon one point there could be no dispute. He thought that if Macbeth's family physician had belonged to the Clan Mackenzie, Macbeth would never have told him to "throw physic to the dogs," and certainly the raven which croaked with such fatal in-

fluence on Duncan's Battlements would never have been so hoarse had Sir Morell Mackenzie taken him in hand. (Laughter.) Sir Morell was bound to the stage by family ties, and his uncle, Henry Compton, was one of the most valuable actors of our time. He was a generous spirit, unwearied in doing courtesies, and actors' voices required no doctoring in sounding his praises. (Cheers.) Sir Morell Mackenzie returned thanks, and remarked that doctors were able to appreciate the difficulties actors often encountered in having to appear before the public. He had been an actor himself, having played the King in "Bombastes Furioso," and Gratiano in "The Merchant of Venice." On both occasions the entertainment would have been a frost except for the strength of the rest of the cast. (Laughter.)—*London Daily Telegraph*.

BAIL—RANKIN.

At the residence of Dr. A. S. DuBois, in San Leandro, California, on October 24th, Dr. Charles Dexter Ball was united in marriage to Miss Emma Louisa Rankin. Dr. Ball is a native of Stanstead, Que., but for two years past has been a resident of Santa Arra, Cal., and has built up a fine practice. Miss Rankin is a native of Richmond, Que., and has been a resident of Oakland and San Leandro for three or four years. Dr. Ball graduated at Bishop's in the class of 1884.

THE MAYBRICK CASE.

"Speaking at one stage of his speech about the comparative inexactness of medical science as opposed to mathematics or to legal argument, Mr. Justice Stevens capped his observations by quoting that popular definition of a medical man which made him out to be a person who 'puts drugs of which he knows little into a body of which he knows less,' adding that there was a degree of truth lying at the bottom of it. Now, what justification was there for this condemning utterance? There is no doubt, from the evidence, that Mr. Maybrick died from gastro-enteritis, or acute congestion of the stomach. In this case the question was whether it arose naturally or was produced by an irritant poison. The illness commenced on April 28th and fluctuated somewhat until the end of the first week in May, and continued to grow worse until the 11th, the day of Mr. Maybrick's death. It was on May 7th that arsenical poisoning was suspected, but it cannot be said that the course of treatment was adapted or modified in accordance with the suspicion. From the beginning of the illness the medical attendants had been hitting at the symptoms, changing the medicines almost daily, so that in the course of the thirteen days' illness the poor man had gone through the following appalling list of remedies:—Morphia suppositories, antipyrin, specacuanka wine, tincture of jaborandi, papain and iridin solution, bismuth,

casarea sagrada, sulphonal, nitro-hydrochloric acid, cocaine, tincture of nux vomica, nitro-glycerine, Fowler's solution, dilute phosphoric acid, Plummer's pill, solution of chlorine, dilute hydrocyanic acid, Sanitas glycerine, tincture of heubanes and Condry's fluid, bromide of potassium as mouth washes. The old school and the new, allopathy and homœopathy, vegetables and minerals, coluratives and purgatives, acids and explosives, were tried; the whole thing a jumble of irrational empiricism, utterly destitute of scientific order or design and bringing home to us far too forcibly the fact that the medical treatment of to-day is as great a toss up as it was in the days of poly-pharmacy."—*Ex-Chemist and Druggist*, Aug 10th.

CLASS-ROOM NOTES.

(From the College and Clinical Record.)

For the reduction of high temperature in erysipelas, Prof. Da Costa advises antipyrine, administered in $7\frac{1}{2}$ grain doses every hour until reduced.

Although iodoform is not an antiseptic strictly speaking, it forms an unfavorable soil for the growth and multiplication of the tubercle bacillus. (Prof. Gross.)

In the livid form of asphyxia of the new-born, apply hot frictions, camphor and water; if this fail, cut the cord and allow one or two teaspoonfuls of blood to escape. (Prof. Parvin.)

As an anæsthetic during labor, Prof. Parvin prefers ether to chloroform, and also insists that in ordinary cases the anæsthesia should be obstetrical and not carried to a surgical degree.

In a case of trifacial neuralgia in a female patient at the clinic, Prof. Da Costa ordered a full diet and five drops tinct gelsemium t.d., increasing the dose gradually till double vision resulted.

In the treatment of internal hemorrhage, when the patient is unable to swallow and the hemorrhage continues, Prof. Gross advised

R. Ergotinæ, gr. iij.
Morphinæ sulphat, gr. $\frac{1}{2}$. M.

Sig.—Use hypodermatically.

For a case of leucocythemia, Prof. Da Costa ordered 1-40 grain arsenite of sodium, t.d. and—

R. Iodinii, ʒj
Ol. Bergamot., gtt. j
Lanolin, ʒj. M.

Sig.—Rub over the spleen at night.

For a case of acute pleuro-pneumonia, Prof. Da Costa ordered poultices to the chest, quinine to reduce the temperature, this being 105° , and

R. Quinæ sulph., gr. ij
Pulv. digitalis, gr. j. M.

Sig.—Every four hours.

Prof. Da Costa, in a case of gustatory paralysis, prescribed gr. 1-80 strychniæ sulph, t.d.; a stimulating mouth-wash of capsicum; and galvanism, five cells, one electrode to the back of the neck, the other over the tongue.

In the treatment of fracture of the patella, it is important to obtain union between the ends of the divided tendon. This may be done by a suture introduced through the ends subcutaneously, and then drawn together.—Dr. Mears.

In the case of a boy, æt. nine years, with pseudo-hypertrophic muscular paralysis, Prof. Da Costa directed alternate hot and cold douches to the part, with thorough rubbing subsequently, warm baths, and extract. pilocarpi fluid, gtt. v, t.d.

Never use strands of catgut for drains; horse-hair is preferable. This may be prepared by boiling for eight hours in a solution of 1 oz of carbonate of soda to the gallon of water, and afterward keeping in 1 to 1000 bichloride solution.—Prof. Gross.

For a girl, æt. 13 years, with nocturnal and diurnal incontinence of urine, the patient being weak and anæmic, Prof. Da Costa ordered, t.d.

R. Ferri sulph. exsicc.,
Potassi carb., āā gr. j. M.

Ft. pil. j.

Treat condyloma of syphilis (which is simply a papular eruption in a moist situation) as follows: Wash well with soap and water, then with bichloride, 1 to 1000; then touch with the following solution:—

R. Hydrarg. chlorid. corrosiv. ʒj
Aque destillat fʒj. M

—Prof. Gross.

For a case of commencing exophthalmic goitre, accompanied with chlorosis, Prof. Da Costa directed three drops tinct. strophanthus, t.d., to control rapid action of the heart, and

R. Ferri sulph. exsicc.,
Potassii carbonat., āā gr. iij. M.

Ft. pil. j.

Sig.—Ter die.

In the case of a man suffering with uræmic vertigo aggravated by constipation, Prof. Da Costa directed a diet to consist exclusively of milk, vegetables and fish; 20 drops of dilute nitro-muriatic acid, t.d., and the following for constipation:—

R. Extract. colocynth. comp.
Pulv. rhei, āā gr. j
Extract. taraxaci, gr. ss
Extract. belladonnæ., gr. 1-16. M.

Ft. pil. j.

Sig.—One at night.

THERAPEUTIC BRIEFS.

(From the College and Clinical Record.)

Gonorrhœa, which has resisted other treatment, has frequently yielded, says *The Lancet*, to irrigation, twice daily, with a solution of creolin of the strength of 5 to 8 per cent. administered through a hollow sound.

Dr. Fothergill recommends the following diuretic mixture:

R. Potassii citrat., ʒ iiss
Spirit. juniperi comp., f ʒ j
Tinct. digitalis, f ʒ iiss
Infusi buchii, q. s. ad f ʒ viij. M.

Sig. One to two tablespoonfuls three or four times daily.

A writer in the *Southern California Practitioner* recommends for eczema of the genitalia and anus the following: Hot sitz baths and washing with soapy water, followed by inunction twice a day of four and one-tenth parts of oleate of cocaine, twenty parts of olive oil, and one hundred parts of lanolin.

An excellent ointment for red hands (*Pharm. Era*) is the following:

R. Lanolin, 100 gm.
Paraffin (liquid), 25 gm.
Vanillin, 0.01 gm.
Ol. rosæ, ggt. j. M.

The Parisians apply a thin coating of this at bed time.

Revue de Therap. suggests the following for migraine:

R. Quiniæ sulphat.,
Sodii salicylat. (crystal), āā gr. iv.
Morphiæ muriat gr. 1-24. M

Sig. One every half hour until four have been taken.

Immediately after last dose has been taken, let them take gr. 1-240 of hydrobromate of hyoscine.

According to the *Jour. de Pharm. et de Chemie.* (in *Pharm Era*), the preparations of lanolin most in vogue are the following:

Borated Lanolin. Boric acid, in fine powder, p.x.; benzoinated lard, p. xxx; lanolin, p. lx. Melt the lard, add the lanolin and acid, pour into moulds, and keep in metallic boxes.

Phenicated Lanolin. Phenic acid, p. v.; benzoinated lard, p. xx; white wax, p. xx.; lanolin, p. lv.. Melt the lard and the wax, add the lanolin and then the acid; mould and pack as in the preceding.

Salicylated Lanolin. Salicylic acid, p. ij; benzoinated lard, p. xxv; white wax, p. viij; lanolin, p. lxv. Melt the lard and wax together, add the acid and then the lanolin; pack as before.

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MONTREAL, NOVEMBER, 1889.

GOELET'S STEEL SOUNDS.

Dr. J. R. Walker, of Ingersoll, Ont., writes to know what is our experience with Goelet's steel sounds for applying electricity?

Our experience has been limited to carbon as a substitute for platinum. We like the carbon tips better than platinum for the reason that they cost almost nothing and can therefore be made any size, regardless of cost. The size of surface of the electrode makes a great difference in the strength of the current that the patient can bear. By increasing the surface of both abdominal and intra-uterine electrodes, doses of 200 milliamperes can easily be borne.

"THE CANADA MEDICAL RECORD."

We beg to call the attention of our readers to the title page and index to our seventeenth volume, issued with the October number. We would strongly recommend our subscribers to preserve the numbers of the *Record*, as they will in after years become valuable as a book of reference. The *Record* contains the cream of all the leading journals in Europe and America, and is published for the benefit of the sub-

scribers. If the latter appreciate our efforts they can show their appreciation by asking one of their medical brethren to subscribe. We have arranged to bind a certain number of volumes at the rate of seventy-five cents in the city and one dollar in the country. Those who wish to avail themselves of the offer can mail the twelve numbers to the publishers, when they will receive a handsomely bound volume by return mail in exchange.

ELECTRICITY IN GYNECOLOGY.

Dr. Dunklin, of Springfield, Missouri, writes:—

DEAR DR.,—I would like to ask you two or three brief questions.

1. In a chronic case. Condition, endometritis metritis; bilateral laceration of cervix, with narrowing (or contraction) of cervical canal; induration of entire neck of uterus; pelvic exudation and pelvic pain, the result of an old cellulitis; uterus only slightly moveable, bound down by adhesion. Would you use negative or positive pole in the uterus?

2. In a case of cystic adenocele of mammary gland, would you expect any result from electrolysis—needle to negative pole introduced to center of tumor?

1st. In the first case the main trouble is the bilateral laceration of the cervix, which sooner or later should be repaired. Before doing so, however, a course of preparatory treatment must be gone through. This might consist of the usual measures, with the addition of eight or ten applications of the current, with one pole in the uterus and the other on the sacrum or on the abdomen, according as the exudation binding the uterus is at the back or front of the uterus. For the current to do any good to exudations it is necessary that it should pass through them, which it will not do if both poles are placed in front of them. A good many failures are due to this point not being appreciated. As a rule, the positive pole does most good in the uterus when there is endometritis; because, as a rule, there is menorrhagia. The positive pole contracts and dries up the dilated blood vessels. When there is stenosis of the cer-

vical canal mild negative currents will relax it. When endometritis is accompanied by amenorrhœa the negative pole in the uterus has an equal absorbent action with the positive and, besides, it has the faculty of bringing on the flow again. In applying electricity to adhesions it is a good plan to insert a cotton wrapped electrode, dipped in salt and water, high up into the posterior vaginal cul de sac, and to place the other pole on the abdomen. In a case such as you describe, a current strength of sixty or seventy milliamperes is quite sufficient.

2nd. In non-malignant and non-specific glandular swellings, *v. g.*, orchitis, goitre, &c., a continuous current of twenty or thirty milliamperes generally gives marked relief. It is not necessary to puncture.—[Ed.]

THE CHOICE OF AN ANÆSTHETIC.

Although no one subject in the domain of medicine has been so thoroughly discussed as this, there still remains, it seems, much to be learned. In some countries chloroform is the only anæsthetic used; in others, ether alone is employed. It is pretty generally admitted that the latter is eight times safer than the former, but, unfortunately, ether has its drawbacks, the three principal of which are its tendency to congestion of the air tubes, of the kidneys, and what is most important to the one who administers it, although not a very valid objection against it, the long time it takes to get the patient under the influence, or, as it was recently put by a surgeon when asked why he used chloroform when he knew ether was so much safer, and who replied by asking another question: "Why do not people travel in stage coaches instead of railway trains, as the former are far safer. Another writer in the *British Medical Journal* considers it nothing short of downright blind obstinacy or recklessness to adopt the most dangerous anæsthetic alone. In abdominal operations, ether has another great disadvantage, that of causing severe vomiting afterwards, which puts so great a strain upon the sutures that the in-

cluded tissues are bruised, which is probably the cause of abscesses following in their tracks. All these dangers and difficulties may be avoided by the adoption of the *A. C. E. Mixture*, which was first brought before the notice of the profession in Canada by the editor of this journal in a paper read before the Medical Chirurgical Society, which was based on the experience of one hundred cases. Since then we have used it constantly with the most satisfactory results, and many of our *confreres* inform us that they are equally pleased with it. Others, however, have ventured to use instead the Vienna mixture, which is not an *A. C. E. Mixture*, but an *A. E. C. Mixture*, that is to say, the mixture we recommend contains *one* of alcohol *two* of chloroform and *three* of ether, while the Vienna mixture contains *one* of alcohol *one* of ether and *three* of chloroform, in using which, for any length of time, patients' color is often found to be bad. Of course the fact of it containing one-half instead of one-third of the dangerous element, chloroform, renders the Vienna mixture less safe than the *A. C. E. Mixture*. The proper formula is easily remembered by putting *one, two, three* under the *A. C. E.* With the *A. C. E. Mixture* the patient goes under it quickly without excitement, the pulse remains good, the breathing natural, and if the patient has been properly prepared, there is an entire absence of vomiting either during or after the operation. Another advantage is the rapidity with which the patient throws off its effects. Dr. Spendlove of Montreal, who has used it exclusively for several years past, writes:

"In reply to your question regarding the use of the *A. C. E. Mixture*, I beg to state that I have used it almost exclusively as an anæsthetic for the past four years and find it eminently satisfactory. To avoid vomiting, I have found it best to have the mixture freshly prepared, and to bring the patient under its influence as speedily as possible."

We cannot too strongly recommend it to the notice of our readers.

APOSTOLI'S METHOD IN MENORRHAGIA.

Dr. I. L. Watkins, of Montgomery, Alabama, writes as follows:—

"1. I have been engaged in a limited way, certainly, in the application of this remedy, as taught by Apostoli, through yourself, for the last two months. In some instances my expectations have been realized, while in others I have been disappointed. If your time is not too much taken up, I would be glad if you would give me a suggestion. In one case of metrorrhagia in a negress with doubtful habits, the first three applications, beginning two weeks before menstruation, resulted in a very satisfactory period—just little in excess of normal, positive galvano cauterization having been used at a strength of 25 to 50 milliamperes. I continued the same treatment the next month, with favorable symptoms, until a few days before the time for her period; she then began to flood, and continued for six or eight days, although I gave her one positive galvano cauterization during that time. Was this the fault of the remedy or the application? Should I have left off the treatment after first menstruation; or should it have been changed? I am having a similar result in a case of fibroid, with menorrhagia, which I treated every five days with positive applications from 25 to 125 milliamperes. Result: Satisfactory, with the exception that she flooded for five days after a normal period. I am using Martin's platinum electrode. Is the partial failure due to the electrode becoming firmly fixed in one part of the endometrium, thus allowing some vegetations to go unaffected by the current; or should I use a different current?"

"2. Are the evil symptoms of sub-peritoneal fibroids relieved?"

"3. How would you apply this treatment to cancer of the uterus? I can't get my patients to stand the high currents spoken of by Dr. Massey."

As these questions are very much to the point, and are of interest to a large number of our readers, we answer them in our columns.

1st. Our correspondent will find that his success with this treatment will increase with his experience of it.

2nd. That even with a great deal of experience the result is very often as he has described it. At first the patient feels better, generally. Then the periods are

postponed gradually until the interval reaches four weeks; then the duration of the period is diminished until it comes down to three days. But, during the treatment, several relapses will probably occur although, on the whole, the improvement will be decided. These relapses are probably due, as our correspondent surmises, to the electrode only shrinking a certain number of the vegetations at each sitting, while the others may be bruised by the passage of the electrode. For that reason, and because the larger the electrodes the stronger the current can be borne, we prefer to use as large an intra-uterine sound as can be introduced. As large platinum sounds are expensive, we prefer carbon ones, which can be obtained from Jannard, electrician, 667 St. Lawrence street, Montreal. When the patient cannot bear a strong current, then the duration of the weak one should be lengthened. Make sure that you are using the positive current, and never use any other when there is bleeding.

Sub-peritoneal fibroids and fibrocystic tumors of the uterus are the least amenable to this treatment, as it is difficult to pass the current through them. They are better treated by removal, with extra peritoneal treatment of the stump. If they are accompanied by bleeding endometritis, electricity will do them much good.

To apply this treatment to cancer of the uterus, we would recommend positive intra-uterine galvano cauterizations three times a week, with boracic acid tampons to the vaginal surface of the cervix, and, at the same time, not to neglect to improve the general condition.

We should never allow this or any other method of treatment to prevent us from attending to the body as a whole.—[EDITOR CANADA MEDICAL RECORD.]

PERSONAL.

We learn that Dr. Trenholme, who for many years has devoted a large part of his time to gynecological works, and especially to abdominal surgery, has decided to retire from general practice, and will in future only attend cases of diseases of women and consultations in midwifery.

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MISSED ABORTION.*

By GEO. T. ROSS, M.D., Professor of Physiology, University of Bishop's College, Montreal.

Mrs. A. B., æt. 40, the mother of six children, became pregnant with the seventh, in September of last year. Her former history was good, having been ill only from diseases incident to child-bearing. She has evidence of a strumous constitution, the irritable mucous membranes showing, not only in herself, but plainly in her living children. She is of thin, spare habit of body, and an active, nervous temperament. Several years ago the husband was treated for specific trouble. Before the present occasion the mother had miscarried three or four times, the foetus in every case being discharged without unusual features. Present condition was as follows: Up till the end of the fourth month of this pregnancy no symptom of remarkable character was presented. The ordinary signs of the patient's state in January last were, to her, unmistakable. The foetal movements were very distinct during some three weeks, after which they ceased entirely. There seemed no reasonable ground to doubt the nature of the uterine contents from the exact history given regarding all the indications. The

mother, an intelligent woman, had experienced the usual phenomena too often to be mistaken in their nature this time, and the well-defined foetal movements, if the history were credited, seemed to place the nature of the case beyond doubt. A short time subsequent to the change noticed by the mother, I was consulted regarding it. On examination I was unable to discover the foetal heart beat, and found that the breasts, from being enlarged and turgid, according to patient's statement, were soft and flaccid; other indications also pointed to cessation of uterine activity. The general rule being that two weeks after the death of a foetus it is aborted, and finding the patient in good health, with nothing existing to justify interference, I advised waiting for further indications. An interval of several months now elapsed, and I was again consulted regarding the non-progress of gestation. It was quite evident now that since last interview no growth had occurred in the uterine contents, the size of the tumor being about the same; if anything, it was smaller. Vaginal examination showed the os to be undilated, although somewhat patulous. Uterus was uniformly enlarged, such as would still be not inconsistent with a four months foetal growth. At this time, say seven months after what was believed to be conception, there did not exist a single

*Read before the Medico-Chirurgical Society of Montreal, 29th November, 1889.

symptom calling for interference beyond the fact that if conception had taken place and the patient was right regarding the foetal movement, it was certain growth had ceased during the past three months, and consequently a dead foetus existed in utero. I was naturally surprised at not hearing from the patient long before this with evidence of the onset of a miscarriage. But the only symptom at all attributable to her condition was an occasional hardening of the uterus, which was readily noticed, the hard, round tumor being very plainly shown through the thin abdominal wall. No hemorrhages had ever shown themselves at any time. General health continued unimpaired, and, still adhering to the expectant treatment, I advised further delay. As long as nothing existed calling for action on my part, I felt that, notwithstanding the time that had elapsed, any day might bring evidence of uterine expulsive efforts. The risks attending the artificial emptying of the uterine cavity being greater than what attended the present condition, and the expected natural expulsion, I inclined to wait further, warning her that at the first appearance of any unfavorable sign to at once notify me. During the next few months, and in my absence from town, I heard nothing further from her, but in September she again called upon me, this being one year after the supposed conception and eight months after cessation of foetal life. The same general condition of good health existed now, with the difference of slight tenderness on pressure over uterus. I felt that now much longer time had elapsed than I had intended should before interfering, and in consultation with Dr. Gardner I arranged to remove the uterine contents the following day. In the evening I inserted a faggot of four laminaria tents covered with iodoform, retaining them with tampon of absorbent cotton, and gave a mild opiate. Next day I found the os fairly dilated, and proceeded to extract the foetus. The patient declined to

take an anæsthetic, and assisted me throughout the operation. Through the decidual membranes I found the child's feet presenting. On rupturing the membranes, which were so strong and fibrous that a steel hook was required to penetrate them, about half a pint of a chocolate brown semi-vescid fluid escaped. Using my nose as the instrument of diagnosis, I found no putridity existing, the fluid being odorless. By unconjoined manipulation I extracted the foetus, all but the head, which the os held firmly. Taking a medium sized Barnes dilator, I passed it through the os alongside the foetal neck. Then gradually filling the dilator, uterine contractions set in vigorously and quickly. The head being thus delivered, I had now the foetus complete, with the umbilical cord intact, still united to the retained placenta. After some difficulty, owing to cessation of uterine contractions, the placenta was extracted, considerable hemorrhage resulting. I now gave an intrauterine sublimate injection, inserted a gr. x iodoform suppository and ordered vaginal douches every six hours. Pain across abdomen was complained of greatly, but an occasional opiate gave comfort. After seeing patient every other day for a week without a bad sign, I ceased attending. On the twelfth day I was requested to call, and now, for the first time since emptying the uterus, I found the patient sick. Temperature, 104° ; pulse, 120; anxious look, coated tongue, loss of appetite, some marked abdominal tenderness and lochia arrested. On examination the os was plugged with whitish, thick, tenacious mucous. No bad odor evident. The parts being cleaned, I gave another intrauterine sublimate injection, inserted a suppository, and ordered the latter every six hours. Hot poultices were put on abdomen and antipyrine, gr. viij., every four hours given. Next morning temperature was normal, and general condition much improved. Substituted quin. sulph., gr. v., morning and evening, for antipyrine. On

evening of this day temperature rose again to 103°, with pulse 80, but on following day, viz., the third day after onset of fever, temperature was normal, and remained so, with a continuing progressive convalescence.

After being dead eight months in the uterus, I looked for a mummified condition of the fetus, but quite the contrary was the case, as far as appearances went. Even the umbilical cord was about natural size and fairly well preserved, not tearing easily on being dragged upon. The flesh, however, had assumed a brownish color, and was easily torn. The placenta had the appearance of a mass of very firm fat, dull white in color everywhere except the surface of its attachment to the uterine wall, where the circulation apparently had been recently interrupted. The decidua membranes were very thick and tough, and could not be ruptured by the finger nail.

Matthew Duncan says that missed abortion is a subject lying between obstetrics and gynecology, but inclines to include it more under diseases of women than obstetrical diseases. A missed abortion is not a threatened abortion, nor is it an imperfect abortion. A threatened abortion is a very common occurrence. When a woman has a threatened abortion she suffers pain, has a bloody discharge, and the mouth of the womb may be found open. An abortion may only get the length of being threatened; that is to say, it may be averted and pregnancy may go on healthily, even when you have been able to feel through the neck of the womb the ovum as it hangs in the uterus. Cases have been known of the separation of considerable decidua and its discharge without abortion taking place. Among these cases of threatened abortion may be included cases of extreme rarity; viz., the abortion of one of twins, while the other remains in utero and goes on in its development. This abortion of one of twins may be a missed abortion, or the miscarriage of one of the twins may be a missed miscarriage.

Again, missed abortion is neither a threatened abortion or miscarriage, nor an imperfect miscarriage. What is a perfect or complete miscarriage? If the fetus alone or the entire ovum alone comes away, the woman has miscarried or aborted, as the case may be; but the coming away of the ovum does not involve a complete miscarriage, and an imperfect miscarriage is often a very disastrous thing. The ovum sometimes comes away alone without any of its uterine or maternal membranes. The fetus also may come away alone without even the ovuline membranes. Again, sometimes the ovum comes away and the maternal membranes or decidua imperfectly. Sometimes only a bit of placenta is left. Imperfect miscarriage is a dangerous thing, owing to the frequently recurring bleedings that result from it. It not very rarely leads to death from mere putrid intoxication, or septicæmia or pyæmia, just as happens after full term delivery. This is especially liable to occur if the miscarriage has come on in consequence of extensive endometritis, such as is found in pregnancies occurring during typhoid fever. Imperfect miscarriage is also often disastrous by inducing endometritis, generally purulent in nature, and this frequently in connection with putrefaction of the parts left behind. In some respects missed miscarriage or missed abortion is even more important than missed labor; for in a case of missed abortion the history of the woman and her size may have led either to no suspicion of pregnancy having commenced, or to suspicion which may have been dissipated by the further history of the case. In a case of missed abortion or missed miscarriage the important element of suspicion as to the real condition may not have come into the mind either of the patient or her physician. Mistake is then extremely liable to occur. This is not so likely in missed labor; for in that condition the woman's size will almost certainly have made her aware that she is in an advanced state of

pregnancy, and her friends will know it also. Missed labor may be a subject of great medico-legal importance; the same is true, and even more so, of missed abortion or missed miscarriage. If, for instance, a woman passed a two months foetus at the end of a five months' so-called pregnancy, and were the physician to tell the husband, who had been away from her during the five months, that his wife had had a two months' child, a rather unpleasant shock to the marital harmony might ensue. The importance can be appreciated by the practitioner, therefore, of counting a woman's pregnancy not up to the time when the foetus was discharged, but back to the time when it died, if any evidence of death can be adduced.

When a woman has a missed miscarriage or missed abortion the foetus dies, the symptoms of pregnancy are arrested, milk sometimes appears at the breasts, hemorrhages from the uterus may or may not occur. If the liquor amnii is not discharged it is absorbed, and the contents of the uterus either macerate or become mummified. If the membranes remain entire the process is that of mummification. It is only when germs are admitted and generally after rupture of the bag of membranes that putrefaction and maceration take place and the more or less complete dissolution of the ovum. If the uterus has been felt the remarkable observation may be made that while a woman is apparently going on in pregnancy the organ is becoming smaller instead of bigger, and at last the ovum may be at any time unexpectedly expelled. When expelled you have a mass nearly dry of a dirty brown color; the foetus and membranes may be concealed, being rolled up in the placenta, which is too firm to be compressed and embraces the whole ovum. The remarkable freshness, if it may be so called, of the foetus in the case which I bring to your notice, after remaining eight months dead in utero, does not correspond to the usual appearance of such cases, as above defined, and is my

apology, if any be necessary, for bringing this subject before your attention to-night

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Regular Meeting, November 29, 1889.

DR. ARMSTRONG, PRESIDENT, IN THE CHAIR.

Present: Drs. F. W. Campbell, Trenholme, Laphorn Smith, Buller, Jas. Stewart, Alloway, Reed, England, Jack, Schmidt, Johnston, Brown, Mills, Findley, Allan, McConnell, Bell, Roddick, Gardner, G. T. Ross, Birkett, Stirling, Springle and Ruttan.

Drs. J. G. McCarthy and J. Leslie Foley were proposed for membership.

Dr. Geo. Ross suggested that the nature of the pathological specimen be mentioned on the programme.

Dr. Johnston advocated the system in vogue in London, where the specimens are on view all the evening, being each accompanied by a card describing their most important points.

Dr. Birkett asked that in future members intending to show specimens would give him a title for them to appear on the programme.

Dr. G. T. Ross then read a paper on "Missed Abortion," which appears on another page.

Discussion.—Dr. Trenholme had had two cases of missed abortion. In one of them the foetus remained for twelve months after the cessation of the symptoms of pregnancy, and when Dr. T. was called he found that the decidua, reflexa and vera were separated, and one hand was found between the membrane in the uterus. There was frequent hemorrhage, both menstrual and inter-menstrual, which he accounted for by the foetus having become a foreign body, and having set up endometritis; he thought that this condition of missed abortion was more likely to occur in diseased or broken down women who had borne many children.

Dr. Gardner being called upon, said that Dr. Ross had reported everything that could be said about it. Personally, he had had very little experience about such cases, having seen only one besides this one. There were no difficulties either as regards diagnosis or treatment.

Dr. Alloway said that Dr. Ross had covered the ground so thoroughly that there was nothing left for him to say, except that he was glad to see that these cases were being more generally recognized and reported. He had himself reported one to the society four years ago, at which time very little attention was given to the subject. He thought they called for treat-

ment because, apart from the annoyance which it caused the woman to know that she was carrying a dead baby around inside of her, the general health was almost sure to fail. He would like to ask Dr. Ross how he accounted for the rise of temperature 12 days after the womb was emptied.

Dr. Johnston showed a specimen of a foetus which was undergoing maceration, although it was clearly seen the membranes were diseased, which caused the death of the foetus some time before the abortion occurred.

Dr. Springle said that there was no history of syphilis in this case, and that he was unable to give any cause for the abortion.

Dr. McConnel showed a specimen, to which he had referred at the last meeting, in which a foetus was partly macerated.

Dr. England related a case of a woman, aged 48 years, who in her eighteenth (18) confinement was delivered of a normal child, but after labor was over he returned in about one hour to find a second placenta and foetus, the latter of which was partly macerated.

Dr. Laphorn Smith said that Dr. G. T. Ross deserved great credit for having so accurately reported this case. On looking into the literature on this subject, he found ten (10) leading text books on gynecology and obstetrics which did not even mention the subject. One of the first cases that he had ever heard of was the one reported by Dr. Alloway nearly four years ago. He strongly suspected that the chapter on moles, fleshy and otherwise, was really meant to refer to these cases of missed abortion. The only book which contained any description of missed abortion was Cazeaux's classical work, in which the author describes the symptoms, and said he knew of cases in which the dead ovum, instead of being expelled, remained as long as 18 months. The speaker thought that the retention of the dead ovum for these unusual periods was due to defective reflex irritability of the uterus. Just as some women have such an exaggerated reflex uterine irritability, that the ovum was regularly expelled at the end of three months, so in other women it was retained too long. He would like to ask what would be the probable effect of stimulating the reflex nerve centers with gradually increased doses of ergot, just enough to start the expulsive process. He also wished to point out what he thought, on general principles, was a mistake in the treatment. It was a pretty well recognized fact that the danger of any operation about the pelvis or abdomen was enormously increased by administration of a single dose of opium; while, on the contrary, it has been ever so much diminished by the free use of saline cathartics, such as Rochelle salts, which kept the bowels on the move and the peritoneum drained.

Dr. Wesley Mills said that an interesting point raised was how to explain the retention of

the foetus after its death. The fact was, we had very few data to go by. Another point of interest was how to explain the lowered health following upon the death of the foetus.

Dr. F. W. Campbell had never had a case of missed abortion, but he had had several cases of missed labor, in which the dead foetus had been retained several months.

Dr. McConnel said that his patient was in very good health, weighed 200 pounds, and had no sign of syphilis.

Dr. Trenholme said that the subject brought before the society this evening was one of peculiar interest. During his life he had several similar cases, the first one about 18 years ago. One prominent feature noticed was the enfeebled state of health, which, in some cases at least, accounted for the imperfect performances of the functions of gestation. Dr. T. accounted for symptoms present during the prolonged retention of the foetus and the menorrhagias and metrorrhagias, as due to imperfect development of both deciduae from lack of vitality. There being just enough vitality to allow conception to take place, but not enough to carry it on in a normal way, the reflex decidua fails to unite with the uterine decidua, and the result is a foetal tumor of the womb. The growth of the ovum failing to arouse the proper responsive enlargement of the sac, causes the death of the embryo by pressure, while its retention is due to the failure of the tumor to induce uterine expulsive contractions, the presence of the foetal tumor is tolerated as are sessile fibroids. The uterine decidua is found to be smooth and strongly adherent to the indurated muscular wall of the uterus, which is consequently very little susceptible to undertake spasmodic contractions. The free hemorrhages occasionally met with are readily understood when we take into consideration the facts already stated. Dr. Smith's question, "What is the cause of natural labor?" has a direct connection with the subject now under discussion, and is due to such an extensive ripening and separation of the decidua from the uterine walls that the uterine contents act as an irritant on the sensitive and raw surface and that spasms are induced, which go on till the foetus is expelled. This is a rational cause, and one that is accepted by writers on midwifery.

Dr. Ross, in reply, said that the rise of temperature on the 12th day was entirely due to the neglect of the nurse to carry out the antiseptic precautions as he had directed. He would like to know just how far one would be justified in letting the case go without interference; he did not think that it would be advisable to give ergot, for fear of bringing on too strong contractions before the os has dilated.

The question then arose concerning the advisability of having the meeting weekly instead of fortnightly. A deputation from the younger

members had recently waited upon the council to explain that owing to the great increase in the number of pathological specimens it was often so late when the papers of the evening had been read that there was no time for a proper discussion in them. Besides which the younger members would like to discuss points of treatment of daily and vital importance to them.

A general discussion then followed, in which both the old and young members expressed their views. The feeling of the majority was strongly in favor of continuing as in the past. Several former secretaries stated that they often had a great deal of difficulty in providing papers for the meeting every fortnight. It was thought that by beginning proceedings promptly at 8.30 a great deal more work might be got through. The younger members expressed their unswerving loyalty to the society, and the old members thought it best to let the matter be thought over and decided at next meeting.

Regular Meeting, December 13th, 1889.

DR. ARMSTRONG, PRESIDENT, IN THE CHAIR.

There were present Drs. Allan, Alloway, Jas. Bell, Harry Bell, Johnston, Birkett, K. Cameron, F. W. Campbell, Rollo Campbell, Gordon Campbell, England, W. Gardner, Hutchison, Jack, Richard McDonnell, J. A. McDonnell, McGannon, Wesley Mills, Perrigo, Proudfoot, Reed, Rodger, Roddick, Geo. Ross, Shepherd, Spendlove, Springle, Laphorn Smith, W. G. Stewart, Jas. Stewart, Trenholme, Williams.

The first business was the continuation of the discussion of the question as to the advisability of having weekly meetings instead of fortnightly ones.

Dr. Armstrong said as the junior members were not yet decided as to what step to take in the matter, he thought that it might be left over till next meeting.

Dr. Shepherd thought the matter had better be settled once for all now.

Dr. Jack stated that the younger members wanted the use of the rooms once a fortnight, so that they might discuss matters of every day interest to themselves, and by so doing to gain experience and practice in speaking, so that they would in time prepare themselves for the regular meetings of the society.

Dr. Richard McDonnell thought that if less time was lost in beginning the meeting, and if the rules were strictly enforced there would be ample time for all, both young and old, to have their say. It would ruin the usefulness of the society if the younger and older men did not meet together, as each had something to learn from the other.

Dr. Shepherd thought that the best way for the younger men to overcome their bashfulness was to prepare papers for the society, and if

they were criticised to take the criticism in good part, as they would thus learn to take greater care in future.

Dr. F. W. Campbell thought there was some truth in the contention of the younger men that the criticism by the older members was often unduly severe, and such as to discourage them. He thought that the criticism would do more good if it were dealt out in a kindly and gentle manner. The society was more prosperous than it had ever been, the attendance often being over thirty, whereas formerly it was rarely over thirteen. He was therefore in favor of going on as they were doing, having, however, a little more regard for the younger members, so as to encourage them as much as possible.

Drs. Roddick and Ross thought that the only way to avoid a split in the society was to adopt the recommendation of the council to have meetings every week.

Dr. England, as one of the young men, after having heard the matter discussed, had come to the conclusion that it was not desirable to have weekly meetings; but he thought that the younger members would be quite satisfied if a little more time were devoted to clinical work and less time to rare cases with which they have never met.

A resolution to that effect was therefore put and carried, the president stating that in future the meetings should begin at 8.30 sharp.

Pathological Specimens.—Dr. Gardner showed a large fibro-cystic tumor of the uterus, which he had removed four weeks ago, the patient having recovered. He gave the following brief history: She was 42 years old; 27 years ago she began to have menorrhagia, which continued till five years ago, when it ceased, and at the same time the abdomen began to enlarge, until it attained the size of a full time pregnancy. There was distinct fluctuation. There was no pain, but she was anemic and sallow. It was diagnosed as a cystic tumor of the uterus. The abdomen was opened, and the trocar being introduced sixteen pounds weight of straw colored fluid escaped, which coagulated on cooling. The ligaments were tied off so as to allow the wire of the Koeberle's serre-nœud to be placed sufficiently low down. The tubes and ovaries were removed with the tumor, which was amputated at the level of the cervix. At the end of the first week there was a rise of temperature to 104 degrees, which gave much anxiety, but for which no reason could be found. It seemed to be subdued by 15 grains of quinine in divided dose.

Dr. Alloway thought that it was not a true cyst, but a dilated lymph cavity. He did not think there was any cyst lining.

Dr. Johnston doubted whether it was cyst.

Dr. Laphorn Smith said that he had an exactly similar specimen, which, through mis-

understanding, was not shown to the society to-night, but which would be shown next meeting. It had been removed by Dr. Trenholme a month ago, and the patient had gone home well. Her temperature had never gone over a hundred. No opium nor morphia was used, the only pain being due to flatul, which was easily removed by the administration of cathartic salines. No transfixing pins were used, and the stump was constricted with hempen cord. The stump had been carefully surrounded with peritoneum, and attached to the lower angle of the wound, but nevertheless it had gradually slipped about an inch and a half from the surface.

Dr. Gardner was strongly in favor of transfixing pins and the extra peritoneal treatment of the stump, as advocated by Bantock before the American Gynecological Society in 1887. He treated the stump with dry, but not antiseptic, gauze only, and it acted perfectly in keeping the wound dry.

Dr. Laphorn Smith showed a foetus about an inch and a quarter long, which was passed by a lady on the 6th of December, the lady having menstruated last from the 27th to the 30th September. Counting from the first day of the next menstruation, which did not come on, namely, the 27th October, to the 6th December, was 41 days. He would like to know whether the members thought that it was about six weeks old or more.

Several members thought it was rather large for six weeks. It was handed over to Dr. Johnston for report.

The meeting then adjourned.

PARIS EXHIBITION.

W. R. Warner & Co. have received a silver medal at the Paris World's Fair, being the highest of its kind, in recognition of the following claims:—

First.—W. R. Warner & Co.'s Pills, quick solubility and accuracy.

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Progress of Science.

COUGH MIXTURE.

Cod liver oil. 3 ij.
Honey. 3 ij.
Lemon juice. 3 ij.

One to two teaspoonfuls three times a day.

—*Med. Summary.*

TO ARREST VOMITING DURING PREGNANCY.

R. Cerri oxalat. aa gr. j.
Ipecacuanhæ. gtt. ij.
Creasoti. gtt. ij.

M. Sig—To be taken every hour.

—*Med. Summary.*

GONORRHOEA.

The number of different injections for this trouble is legion, but Garretson says he has always found this one satisfactory:

R. Chloral hydrat. aa gr. ij.
Zinci sulphatis. 3 j M.
Aqua. 3 j M.

—*Med. Summary.*

For a case of *phthisis* at the clinic Prof. Da Costa directed ol. morrhuae f3iv t. d.; inhalations of terebene 3j to Oj boiling water, and the following prescription:

R.—Liquor. potassii arsenitis miiij.
Tinct. nucis vomicæ gtt. v.
Tinct. cinchonæ comp f3j. M.

Sig.—*ter die.*

SALICYLIC ACID IN DERMATOLOGY.

Dr. Heitzman, of New York, has found salicylic acid superior to chrysarobin and tarry preparations in a variety of skin diseases. In callosities, corns, warts, etc., no agent softens and destroys these tissues so well, except perhaps, acetic acid. It is also to be regarded as a valuable parasiticide. It is used either in the form of powder, plaster, ointment or solution.—*New Orleans Med. and Surg. Jour.*

TREATMENT OF HERPES ZOSTER.

Herpes zoster is treated by Dr. H. W. Blanc with a solution of half a drachm of oxide of zinc in flexible collodion. The mixture is painted on the eruption twice a day, and if used early enough in the disease will prevent the formation of the characteristic vesicles. Should vesicles be already present they are to be ruptured, their contents emptied, and the application used after thoroughly drying the surface.

A FATAL PRESCRIPTION.

The recent death in Germany of a child as the result of taking a prescription containing an incompatible and dangerous compound, viz., chlorate of potash and iodide of iron, deserves the attention of all practitioners. The iron was precipitated in the form of the sesquioxide, and all the iodine liberated. The following formula will illustrate the chemical changes which took place in the medicine: $2 \text{FeI}_3 \times \text{KClO}_3 = \text{Fe}_2\text{O}_3 \times \text{KCl} \times 4\text{I}$.—*Med. and Surg. Journal*.

THE USE OF BICHLORIDE OF MERCURY IN OBSTETRICS.

Blanc (*Lyon Médicale*, No. 34, 1888) concludes from numerous clinical observations that solutions of 1:4000 and 1:5000 should be generally used. If 1:2000 is given by intra-uterine injection, it should be followed by the injection of carbolic acid, 2 or 3 per cent. The danger of absorption, from the anatomical condition of the parts is undoubted. Contra-indications to the use of the bichloride are anæmia and disease of the kidneys.—*American Journal Medical Sciences*.

FOR MENORRHAGIA.

R. Fl. ex. ergot. $\frac{3}{4}$ ss.
Tr. catechu. $\frac{3}{4}$ iss.

Misce—S. Teaspoonful in sweetened water every 1 to 3 hours, as needful.

If undue irritability exist, causing uterine pain and febrile action,

R. Pulv. opii. grs. v.
Plumbi. acet. grs. xx.

M. Ft. Ch. No. x.

One to be given every second to fourth hour with preceding.

After a long experience with catechu, I place more dependence upon it in these uterine flows than any other astringent.

J. F. PURVIANCE, M. D.

Stuebenville, Ohio. —*Med. Summary*.

FOR ACUTE RHEUMATISM.

R. Acidi salicyli. $\frac{3}{4}$ ss.
Sodii bicarb. $\frac{3}{4}$ iij.
Spts. lavender co. $\frac{3}{4}$ j.
Tr. aurantii cort. $\frac{3}{4}$ iss.
Glycerine. $\frac{3}{4}$ j.
Peppermint or cinnamon water, ad. $\frac{3}{4}$ vj.

M. Sig.—One to two teaspoonfuls every 2 or 3 hours. Further diluted to suit the cases.

This is an excellent formula for the administration of salicylic acid—when indicated. Iodide, bicarbonate, acetate potash, colchicum, cimicifuga, gelsemium, etc., may be added.

T. D. WILLIAMS, M. D.

Bardstown, Ky. —*Med. Summary*.

CREOLIN AS AN ANTISEPTIC.

If creolin be as sure a germicide as the authorities now state, it must soon supersede the bichloride. It is harmless to the human organism; is cheap, and does not corrode instruments. It is used in one-half to three per cent. solutions.—*Med. Summary*.

Dr. I. N. Love, of St. Louis, says: Infants should be guarded against constipation, and to this end nothing surpasses the following:

R. Tr. nuxis vom. f 3 ss.
Tr. belladonnæ. gtt. xv.
Aloin. gr. ss.
Alcohol. f 3 j.
Elix. lactopeptine. f 3 j.
Glycerine. f 3 iij.
Syr. simpl. f 3 ss. M.

Sig.—Teaspoonful at bed time, or if need be, twice daily.—*Med. Summary*.

THE LORD MAYOR'S SHOW, LONDON, 1889.

At the Royal Courts of Justice, as soon as the function of 'swearing in' was over, the new Lord Mayor and his predecessor, accompanied by their sheriffs and swordbearers, left the court and made as if they would rejoin the procession in the Strand. In the crypt, however, there stands a refreshment bar. Mayors are but mortal, and the fatigues which these men had undergone had proved to be as much as they could bear. So, regardless of the procession that stood in the street outside, regardless also of the officials who awaited them in the Central Hall, these great ones from the city stopped to regale themselves with sandwiches and brandy and Apollinaris. Then they rejoined their companions, and proceeded in state.—*Pall Mall Gazette*, London, Nov. 11, 1889.

NEW YORK POST-GRADUATE MEDICAL SCHOOL AND HOSPITAL.

The executive committee of this institution have established a clinic for diseases of the rectum, to be under the care of Dr. Charles B. Kelsey, for the treatment of poor persons suffering from these diseases. Dr. Kelsey will also give clinical instructions in the Post-Graduate School on this subject.

It is believed that this is the first institution in New York city to organize such a clinic, which has been long needed. The high and wide reputation of Dr. Kelsey, founded upon years of special work, will afford a guarantee that the cases will be skillfully treated. Dr. J. Blair Gibbs will assist Dr. Kelsey in this new departure.

TREATMENT OF EPILEPSY BY GALVANIZATION OF THE THYROID BODY.

Considering the nervous troubles, in part convulsive, which constitute the *stumpriue* cachexia (the effect of removal of the thyroid body), Seguielli asked himself if a disturbance of the functions of the thyroid gland might not take part in the production of epilepsy; and this idea led him to try galvanization of the thyroid body in epileptics. Seven patients were thus treated; three showed no change at all; neither in the number nor intensity of the paroxysms, nor in their mental condition; in the remaining four there was at first an increase, and then a rapid and progressive decrease in the number of attacks, which in one patient stopped entirely for a month, and in another for two months; this decrease in the number of attacks was accompanied by a favorable change in intensity, and an improvement in the mental condition.—*Revue de Clinique et de Thérapeutique*.

FOR THE REMOVAL OF TAPE WORMS.

Dr. B. R. Rives, of Pelham, Ga., states that in an experience of forty years I have found nothing better than the following:

R. Bark of pomegranate root.	$\frac{1}{2}$ 3.
Pumpkin seed.	$\frac{1}{2}$ 3.
Ethereal ext. of male fern.	1 3.
Powdered ergot.	$\frac{1}{2}$ 3.
Powdered gum arabic.	2 5.
Croton oil.	2 drops.

The bark and pumpkin seed should be thoroughly bruised, and, with the ergot, boiled in eight ounces of water for fifteen minutes, then strained through a coarse cloth. The croton oil should be well rubbed with the acacia and male fern, then mix with the decoction, forming an emulsion to be given at one dose.

The usual preparation made is to give a brisk cathartic the preceding night. No unpleasant effect is expected to follow, or at least but little. Look for the worm in a few hours. This has been used by others, and I am not entitled to any credit for it.—*Med. Summary*.

THE TREATMENT OF CHRONIC DYSENTERY BY ENEMATA.

Belleli sums up a series of articles on this subject with the following observations: 1. The symptoms of chronic dysentery do not depend so much on the site and extent of the local lesions as on the effect they produce on the rest of the digestive tract. This is influenced largely by the general state of health of the individual, so that two persons with nearly identical lesions in the colon may have symptoms of varying de-

grees of severity. 2. In the dysentery of warm climates, the lesions in the colon are often so extensive as necessarily to require a considerable length of time for their repair. 3. Enemata, when long continued, have grave disadvantages. The daily distension of the colon stimulates the rest of the digestive tract, and causes imperfectly digested food to be hurried into the large intestine; which it irritates, and so aggravates the disease. And the daily distension of the colon, when long continued, tends to lessen the normal contractility of the coats of the bowel necessary for the performance of its proper functions. Enemata, therefore, are valuable in slight and easily-reparable lesions of the colon; but in the more severe cases other measures must be adopted, such as Carlsbad water, taken on rising in the morning.—*London Medical Recorder*.

A NEW ANTIDOTE FOR MORPHINE.

In the *Internationale Klinische Rundschau* for January 27, 1889, Professor Arpad Bokai recommends picrotoxine as an antidote for morphine, on the ground that it exerts an antagonistic action to morphine on the respiratory centres; for, while morphine tends to paralyze these centres, picrotoxine exerts a powerful stimulating effect. Since, therefore, death in morphine poisoning is usually attributable to paralysis of the respiratory centre, on this ground alone picrotoxine should be indicated as a valuable antidote. Further, morphine may produce such rapid reduction in blood pressure as to endanger life; while picrotoxine, on the other hand, is a powerful stimulant to the vasomotor centre, and is in this respect also an antagonistic to morphine. Professor Bokai adds that the action of morphine on the cerebrum is directly opposed to that exerted by picrotoxine. Finally, Professor Bokai suggests that the previous administration of a small dose of picrotoxine might reduce the danger of asphyxia in chloroform narcosis.—*Therapeutic Gazette*.

PRACTICAL POINTS IN THE ADMINISTRATION OF ETHER.

Dr. George F. Shrady, in *Med. Record*, February 23rd, 1889, concludes with the following useful suggestions:

1. In commencing the administration of ether the gradual method is to be preferred.
2. Its employment allows the lungs to empty themselves of residual air, prevents coughing and struggling, and places the organs in the best possible condition to receive and rapidly utilize the ether vapor.
3. After the stage of primary anaesthesia is reached, the more pure ether vapor the patient breathes the better.
4. The shorter the time of anaesthesia, and the

smaller the amount of ether used, the less likely are the unpleasant sequelæ to occur.

5. The more evenly it is administered the less shock to the patient.

6. Anæsthesia should be entrusted to experienced administrators only.

7. Many of the fashionable efforts to resuscitate patients are not only useless but harmful.

8. The minimum amount of force should be employed to restrain the muscular movements of the patient.

9. Mixed narcosis is often advisable for prolonged operation.

10. The utility of the galvanic battery, in threatened death, is yet to be proven.

11. The most trustworthy means of resuscitating desperate cases are artificial respiration, hypodermic stimulation, inhalation of nitrate of amyl, and inversion of the body.

CASE OF DEFICIENT OESOPHAGUS.

This case is of interest both from a surgical and anatomical point of view. It was discovered that there was something wrong with the oesophagus when the infant was given nourishment. It took the food readily, but soon became livid, had difficulty in breathing, and then returned the food and appeared no worse. A sound was introduced, and it was found that, after passing about five inches, it encountered an impassable obstruction. It was diagnosticated that there was either a membrane across the oesophagus or that it ended in blind termination. It was advised that the stomach be opened and the oesophagus be explored, so that if a membrane across a continuous canal could be made out it might be perforated.

On the following day the stomach was exposed in the middle line of the abdomen, above the umbilicus, stitched to the skin and then opened. A bougie was then passed down the oesophagus, as before, and another upward from the stomach; but they did not approach by what was judged to be an inch and a half. A gum-elastic catheter was then cut in half and passed from below. A slender steel probe was introduced in it and pressed upward as much as was justifiable in case the lower part of the tube might be twisted or narrowed, and capable of being rendered pervious. All was of no avail, however; so the stomach wound was closed with sutures, also the abdominal wound. The infant died within twenty-four hours. At the necropsy it was found that the oesophagus terminated above and below in blind, rounded ends, an inch and a half apart. All the wounded parts were quite healthy, and the appearances led to the conclusion that had there been only a membranous occlusion a happy result might well have been hoped for.—*The Lancet*.

SACCHARIN AS AN ANTISEPTIC.

According to an article in a French medical journal, saccharin may be very usefully employed as an addition to mucilaginous and other solutions, which are apt to develop fungi, as it enjoys the property of preventing the formation of low organisms, even when it is present in only small proportions. A strength of 1 in 500 is sufficient to prevent the development of staphylococcus pyogenes aureus, and a strength of 1 to 200 the development of *B. termo*. Thus a valuable but inexpensive dentifrice may be prepared by simply dissolving saccharin in water to the proportion of 6 per cent. A teaspoonful of this in a half pint of water, forms an admirable antiseptic mouth-wash. In cases of malignant or other disease of the stomach requiring the washing out of that organ, a solution of saccharin of the strength of 2 per cent. will, according to this authority, be found very suitable. As a quantity of twenty centigrammes, or about three grains, can be taken during the day without detriment to the digestive functions, the addition of the minute amount necessary to render mucilaginous solutions permanent cannot be regarded as in any way injurious.—*Lancet*.

INHALATION OF THE IODIDE OF MERCURY IN TUBERCULOSIS OF THE LUNGS.

According to the *Pharmaceutische Post* for March 3, 1889, Miquel and Rueff have recently recommended the inhalation of the biniodide of mercury in tuberculosis, basing their opinions on a long series of careful observations made at the bedside. The result of this method of treatment, according to the authors, is a very satisfactory one—often after its first administration the cough is reduced, and the expectoration, even in individuals with large cavities, becomes reduced in quantity and loses its offensive odor. As a result of its continued employment, it is claimed that night sweats disappear and the general condition becomes improved, the body taking on weight. Their method of employment is to dissolve one part each of biniodide of mercury and iodide of potassium in one thousand parts of distilled water. This solution is employed in the form of a spray, at first only once daily, and later, when the patients have become accustomed to it, twice daily. If it is found that the irritation from inhalation is too excessive, the solution may be reduced one-half in strength without the result being affected, since it is claimed that this preparation of mercury will destroy bacteria in concentration of one to forty thousand. One of the chief conditions of success is to prolong the use of treatment, which may be carried out for a year or more without evil effect to the patient. If we admit that phthisis is due to the presence and growth of a

bacillus, the use of such a bactericide would be indicated on theoretical grounds, and, as the authors' experience seems to prove that its use may be persisted in without danger to the patient, it is certainly worthy of trial.—*Therap. Gaz.*

THE POTATO CURE FOR SWALLOWED FOREIGN BODIES.

Dr. Salzer, at a meeting of the Medical Society of Vienna, stated that he had treated a six-year-old boy, who had swallowed a small weight, a woman who had swallowed a set of teeth, and a nine-year-old girl, who had swallowed a nail, by the method advocated by Dr. Cameron, of Glasgow, which consisted in feeding the patients for several days on nothing but potatoes. This treatment, which in all three cases was followed by success, is a method in vogue among pick-pockets of London, who, swallowing their booty, live on potatoes until the stolen articles appear *per vias naturales*.—*Berlin. Klin. Wochens.*

THE TREATMENT OF PLEURISY BY THE INHALATION OF COMPRESSED AIR.

Professor Forlanini, of Turin, strongly recommends the above method of treatment, chiefly with a view to promoting the expansion of the compressed lung after the fluid has been evacuated. And even in tubercular cases, which, the author considers, form more than half the cases of pleuritic effusion, much good is obtained, for the compressed air treatment increases the appetite and the sense of well-being, promotes tissue change, and generally improves the condition of the patient. The difficulty has hitherto been the complexity and cost of the necessary apparatus, but Professor Forlanini has devised a more simple form. The difficulties in the nature of giddiness, palpitation, ringing in the ears, etc., are simply questions of dose and skill in administration, and are not drawbacks inherent in the system.—*The London Medical Recorder.*

TRANSPLANTATION OF THE SKIN OF A CORPSE.

By Dr. Bartels. The patient was a boy, aged 14, who had lost the integument of both feet and ankles in consequence of a burn. As cicatrization did not advance, the author transplanted flaps of skin taken from the leg of an old man who had died twenty minutes before of pyæmia. The flaps were placed in lukewarm water containing a small quantity of common salt, then freed of adherent fat and cut into pieces 1 to 2 centimeters long and 1 centimeter wide. These were placed at proper intervals on the surface of the sores, which had been previously cleaned with water. Iodoform was

strewn over the entire surface and a dressing of cotton applied. The dressings were changed after six days and again after ten, the wounds being cleaned with a solution of potassium permanganate and dressed in the same manner as at first. Although twenty-eight pieces of skin were transplanted, of which twenty-four became adherent, the wounds cicatrized rapidly; the new formed tissue being so extensive that the patient was able to execute all movements of the foot without difficulty.—(*Berlin. Klin. Wochens.*)—*Int. Jour. Surg.*

REMOVAL OF A CANCEROUS BREAST IN THE FIFTH MONTH OF PREGNANCY.

The patient had suffered from several mammary abscesses after former pregnancies, which had given rise to infiltration and enlargement of the gland. The pain, however, had become intolerable only in the last four or five months. These symptoms might indicate an adenoma; but the quick, lancinating pains, and the retraction of the nipple, the hardness of the breast, the adhesion of the skin over a large extent of the prominent part of the organ, its knobby surface and its adhesion to the pectoral muscle, left no doubt concerning the malignant nature of the tumor. Sleep had become impossible with opiates. Her physician had exhausted all the elements of *materia medica* suitable to such a case, and it only remained to consider the advisability of an operation. The patient was between the fifth and sixth months of pregnancy, but her constitution was not altered. The cancerous cachexia, characterized by a pale, straw-colored skin, had not made perceptible progress, and the axillary glands seemed to be unaffected. The patient weighed two hundred pounds and had a strong constitution, and it was thought that she could stand the shock of an operation, and would run greater risk in letting matters run on. The tumor was extirpated; it weighed three pounds and two ounces. In fifteen days the wound had healed, except a granulating spot, which was left exposed because of the large amount of skin that had to be removed. The operation had no effect upon the course of the pregnancy.—*L'Union Medicale du Canada.*

ECZEMA OF THE NAILS.

Dr. de la Harpe, *privat-docent* in the University of Geneva, mentions in the *Revue Medicale de la Suisse Romande* a somewhat rare case of eczema of the nails which came under his notice while he was acting as medical officer at the well-known baths of Louèche, or Leuk. The patient was a man of sixty, who had been sent to Louèche by Professor Hardy. There was no history of gout or other hereditary disease, and

up to two years previously the nails had been in excellent condition. The first signs of anything wrong that was noticed was a slight redness about the ungual furrow of the ring finger of the right hand, which was at first supposed to be panaris, but instead of going on to suppuration it was followed by morbid changes in the nail itself, which soon became thickened and friable, with a roughened surface. The nails of the other fingers on both hands subsequently became affected, as shown in figures appended to the paper. When seen by Dr. de la Harpe, the affected nails were swollen, bent transversely, and marked with longitudinal striæ or grooves. Two apparently healthy nails showed fine depressed points. Regarding the cause of these appearances, which are the first signs of the commencement of the affection in otherwise normal nails, Dr. de la Harpe remarks that he has seen a case of chronic eczema of the hand in which there were a number of longitudinal grooves on the nails, some of them interrupted—that is to say, in sections. The punctate marks on the nails in the case in question may possibly be analogous to the interruptions noticed in this latter case. As to the treatment by means of the Louèche waters, it appears to have effected marked improvement.—*Lancet*.

MORPHINE IN BRIGHT'S DISEASE.

One is startled now and then by a challenge being thrown down to rules of practice which have grown to be considered almost as fundamental principles of the science and art of medicine. One such rule has been that the administration of opium and its alkaloids in Bright's disease was always to be condemned as likely to bring about the very catastrophe which the treatment might be intended to avert. The belief gained its ground on the strength of reasons which had every appearance of science and logic, and consequently during their declining hours, the miserable sufferers from renal disease have been left to themselves, since the only remedy which could lull their pangs was formally contra-indicated. It can hardly be doubted indeed that the earlier observers based their conclusions on clinical experience, and as one gradually came to understand the correlation of a certain group of symptoms with renal disease, and grasped the fact that the elimination of drugs introduced into the system was more or less put a stop to when atrophy or congestion of the kidneys interfered with the proper discharge of their function, the matter appeared to be perfectly plain. For the same reasons certain other drugs which would otherwise prove very useful, such as mercury, were also held to be contra-indicated. These observations have been reinforced by more recent investigations into cases of intolerance to the action of certain drugs,

notably of the salicylates, and the result has been to show clearly that the exaggerated effects are due in the majority of instances to the retention of the substance in the system owing to the want of functional activity on the part of the kidneys from some cause or another. Some observations which have recently been made public by Dr. Stephen Mackenzie show that, however true it may be that in certain cases of renal disease, opium, and its alkaloid, morphine, do give rise to disquieting symptoms, the fact does not hold good in all cases. He brought forward several typical cases of Bright's disease with ascites and general anasarca, in which, after all the usual remedies had been tried without affording the desired relief, morphine was given with the most satisfactory result as far as the cessation of suffering was concerned. He refrained, it is true, from advocating the use of the drug in all such cases, but he made good his claim to have shown that at any rate there are exceptions to the rule. It was suggested that the difference in the effects observed might depend upon the relative gravity of the kidney lesions, but that fact alone does not afford an adequate explanation, seeing that it has proved just as useful in cases of short duration as in confirmed cases. Uræmia is a form of auto-intoxication, and the treatment has to fulfil, as far as may be possible, three indications, viz., the elimination of the poisons then present, the prevention of the formation of others, and finally, the neutralization of the effects of the poison already in the blood. One effect of the poison is to provoke a severe spasm of the arterioles, giving rise to intense dyspnoea, headache, and convulsions. He suggested, therefore, that morphine acts beneficially by relaxing the spasms of the vessels. This of course is only a hypothesis, and confirmatory evidence will not be very easy to produce. For the present we must rest content with the knowledge that in certain cases the drug may be given with advantage, and the knowledge will perhaps induce practitioners to scrutinize more closely than they have hitherto done, the ill effects alleged to follow the ingestion of morphine in these cases. The condition of the patient who has reached the later stages of the disease is so distressing, and so hopeless, that medical men will be only too pleased to have permission to make use of a remedy which may, to some extent, afford relief. For the present, however, it must not be lost sight of that the remedy is not one to be employed without a due sense of the possible risks involved.—*Med. Press*.

IMPORTANT TO FATHERS WHO SMOKE.

"May I give you my recent experience of tobacco smoke? It may be a warning to others. I have one child, a little girl not two years old, who was as healthy as the birds when she was

born. For more than a year past, ever since she was old enough to be less in the nursery and more with her father and me, she has ailed mysteriously. I could not say she was ill, yet she was hardly ever well. I was in a perpetual state of anxiety about her. The symptoms were absence of appetite, complaints of sickness, stomach and digestion out of order. Last August I took her to a country town, where we stayed two months. After the first week, she flourished like a young bay tree, ate, and drank, and laughed, and played, and slept, and kept me forever busy enlarging her garments. I brought her home rosy and robust. In one week all the old symptoms reappeared—loss of appetite, dark lines under the eyes, listless ways, restless nights. Some one suggested that the neighborhood did not suit her; and I was cogitating how to take her away again, when she caught a severe cold and was confined entirely to one room for three weeks. She recovered her health completely. Appetite, spirits, sleep, all returned. It could not be the neighborhood. After her cold, she joined us downstairs again, as usual, two or three times a day. In less than a week, sickness, etc., returned. I was in despair. For nearly three months I racked my brains about drains, wall-paper, milk, water, sauce-pans, any and everything in vain—the child slowly wasted. The weather was too severe to take her away. In an agony of mind, I noticed one day that, so far from outgrowing her clothes, as I expected, they were too large for her. The little thing was not eating enough to keep up her strength, and we could not coax her to eat. Yet she was not really ill; she ran about and played in a quiet way and looked fairly well to those who had not seen her most robust. Suddenly my husband was summoned into the country. A week after he went, she began to eat with a relish. In a fortnight she was her own happy self, full of riotous childish spirits. 'Her father has never seen her like this,' I remarked, one evening, when she was particularly merry and mad; and then the truth flashed upon me. It was his tobacco that upset her. He has been away now for a month; and the child's limbs daily get firmer and rounder, and she is the merriest, healthiest little mortal possible. He always smoked after breakfast and after lunch, with her in the room, neither of us dreaming that it was injurious to her. But for his providential absence this time it would never have occurred to me and we might have lost our darling, for she was wasting sadly. It was acting like a slow poison."

It seems to me probable, from the above history, that the child was confined to the nursery for the first few months, and not with the father when he was smoking, and was thus not affected as early as children often are. With rich people, in cities, the "smoking-room" saves children, infants at least, from early poisoning

by tobacco-smoke. But that thousands of infants in the homes of the poor in the small crowded houses of the alleys in cities are sufferers from this cause is quite probable. People with consumption and other exhausting diseases are sometimes greatly nauseated by the odor of tobacco brought into the sick room by a physician much given to the use of tobacco. I have several times heard them speak of its being very offensive to them.

As "a word to the wise is sufficient," it seems to me quite proper to call the attention of the profession to this cause of disease, of suffering, and oftentimes of premature death.—*Med. and Surg. Reporter.*

THE SURGICAL TREATMENT OF BACKWARD DISPLACEMENTS OF THE UTERUS.

BY CHARLES P. STRONG, M.D.

Of Boston, Mass.

From the results of my own operating I have drawn for my guidance the following rules:—

Be sure that the displacement is the cause of the symptoms. Never resort to operative measures without first exhausting all forms of non-surgical treatment in so far as they may be applicable to the case under consideration. An adhesive backward displacement of the uterus demands for its cure, first, separation of its adhesions; second, anterior fixation. Separation may be accomplished, first, by forcible divulsion without opening the abdomen; second, by laparotomy and subsequent divulsion or cutting. The advantages of the first method are that in suitable cases the patient is exposed to few dangers beyond a simple traumatic peritoneal inflammation. The advantages of the second are that it supplements the first; assuming greater risks it strives for greater successes; the adhesions being dealt with more openly, any accident that may arise is more easily remedied; it can be employed in cases to which the first is inapplicable. It superadds, however, the dangers of a laparotomy.

A backward displacement which is free originally or which has been freed from its adhesions may be secured forward: First, by shortening of the round ligaments, either by the Alexander-Adams or Wiley method; second, by fixation of the uterus to the peritoneum of the anterior abdominal wall, or to that of the anterior pelvic floor (Schücking's method).

Of the four operations, the only one not involving interference with the peritoneum is the Alexander-Adams. I believe that it should be selected, from my own experience of its successful results. I make an exception, that if for any other reason the abdomen has been opened, Wiley's operation may perhaps prove its equal.

These round ligament operations leave the

uterus in practically a normal position, without undue tension on tubes, intestines or blood vessels. There is no danger of fecal fistulæ or incarceration of the intestines; no interference with subsequent pregnancies. Permanent successful results do not depend upon adhesions or suspensory stitches, and the uterus is left movable, not fixed.

THERAPEUTIC BRIEFS.

(From the College and Clinical Record.)

Bromoform, 5 to 10 drops daily, and phenacetin 7 to 10 grain doses, are among the remedies recently recommended for whooping-cough.

In inveterate psoriasis (*Brit. Med. Jour.*) swab the affected parts with oil of cade once daily for a week, after which discontinue for a couple of days and re-apply.

Dr. William Perry Watson, from observation of thirty cases of enuresis, feels justified in saying that in sulphate of atropia we have a remedy which, when given to its full physiological effects, is unequalled in our materia medica.

The following is said to closely approximate in composition a well-known proprietary article for chapped hands:—

R.—Cydonii,	3 ss, av
Aquæ,	q. s.
Glycerini,	f 3 j
Alcoholis,	f 3 iv.

Macerate the quince seed with a pint of water for 24 hours, stirring frequently, strain with gentle pressure through muslin, and make up the volume to 1 pint with water; then add the glycerine, and finally the alcohol containing the perfume, and stir briskly.

Dr. Koenig reported to the Allegheny County (Pa.) Medical Society a failure of applications of mercury and turpentine in the treatment of diphtheria. This case was the third in the family, two recovering. The local treatment applied was one grain of corrosive sublimate in one ounce of spirit of turpentine. The application should have been made every three hours, but owing to the restlessness of the patient, it was omitted in the night. The primary seat of the membrane was the nares, and there was also a spot as large as a quarter upon the roof of the mouth. The membrane was black, hemorrhagic, and the child died on the fourth day from bleeding of the nose.

Dr. C. L. Dana (*Boston Med. and Surg. Journal*, Oct. 31st, 1889), states, in regard to his experience with suspension in locomotor ataxia, that his results agree in the main with the reports of others, namely, that in fifteen to twenty per cent. very great improvement, and in about the same proportion a moderate im-

provement, occurs. In the light of his experience all the *a priori* condemnations of the method seem to him very absurd. Suspension is an undoubted acquisition to the therapy of tabes. In the second stage, it is remarkably helpful in a good percentage of cases; in the third stage, patients are often improved in bladder, rectal symptoms, and the pains are sometimes relieved.

Cocaine tablets are now largely used by careful physicians for extemporaneous preparation of any desired strength of cocaine solution. The rapid deterioration of cocaine solutions make these tablets a necessity. To make a two per cent. solution of cocaine: In one fluidrachm of water dissolve one cocaine tablet 1½ grain. To make a four per cent. solution of cocaine: in one fluidrachm of water dissolve one cocaine tablet 2½ grains. To make a ten per cent. solution of cocaine: in one fluidrachm of water dissolve five cocaine tablets 1½ grain; or dissolve two 2½ grain and one 1½ grain tablets in one fluidrachm of water. Parke, Davis & Co. guarantee the purity and anæsthetic efficiency of their cocaine product, and will send samples of their cocaine tablets to physicians if desired.

Dr. Königstein (*Medical Press*), while giving directions in his class on the uses and prescribing of spectacles, said that green glass as a protection against strong rays was worse than useless, and did more harm to a sensitive eye than good, as they allowed the yellow rays to be transmitted, and unnecessarily irritated the eye. Against strong rays the blue or smoked glasses were the only real protection. The blue should be light, as a deep blue color produces a clear violet disk in the centre of the lens, which apparently corresponds to the fovea centralis, and by a protracted use of dark-blue spectacles the patient may become annoyed by the mosaic work of the fundus of the eye appearing before him. The phenomenon seems to be connected with the pigmenting changes in the macula lutea.

Treatment of various cutaneous affections. The *Journal of Cutaneous and Genito-Urinary Diseases*, November, 1889, devotes an interesting page to the following items:

Klauss Hanssen (*Med. Revue*) reports the case of a woman treated for a long time for lupus of the lower lip by means of caustic applications, scraping with the sharp spoon, etc. A cure was not effected; on the contrary, new lupus nodules developed in the surrounding tissue. At the same time so high a degree of sensibility took place in the affected parts that the slightest irritation, even the application of iodoform, caused such severe and long-continued pain that even the application of cocaine was powerless to relieve it. The author now applied ice, as recommended by Gerhardt, with the result that within three days the pain was

entirely relieved, and after the lapse of several weeks a complete cure resulted, which suffered no relapse after three months.

Professor Liebreich (*Therap. Monatsheft*) recommends the following method of treating intertrigo: The affected part should be cleansed with water and a neutral soap and carefully dried, after which the following salve should be applied:—

R—Acid boric.,	0.5	
Lanolini,	50.0	
Vaselini,	10.0	M.
Ft. ung.		

Before a second application the parts must be again washed.

The pigmentation of the face, or chloasma which appears during pregnancy, can be caused to disappear by the application of the following salve:—

R—Ol. theobromæ,		
Ol. ricini.,	āā	75.00
Zinc oxid.,		0.30
Hydrarg. ammon.,		0.12
Ol. rosæ.,	q.s.	M.

Sig—Apply morning and evening.

—V. Monier, *Monatsheft, f. prak. Dermat.*

M. Juhel-Rénoy has had occasion to observe two examples of gummata of the tonsils, scarcely mentioned by writers, of tertiary syphilis of the pharynx. One is able to distinguish in its evolution an acute inflammatory stage simulating a tonsillitis, a period of ulceration followed by a stage of repair and cicatrization. Its duration is indefinite; never less than from three to six weeks. In comparing the lively reaction of the gumma of the tonsil with the indolent course of the same deposit in the soft palate, one is disposed to give to it the name acute gummatous tonsillitis.—*Archives de laryngologie et de rhinologie.*

Dr. Allen called the attention of the Allegheny Co. (Pa.) Med. Society, at its meeting Sept. 17th, 1889, to the importance of seemingly slight eye troubles. A man came to him complaining of a slight flickering before one eye. Examination demonstrated about one-third vision, with complete disappearance of vision from about one-half of the field. He had choroditis, involving the retina in front. Six weeks' treatment perfectly restored vision. A lady came with a little redness of one eye, a trifling redness. It had existed for ten days. She had just one-sixth vision, and there was an adhesion of the retina; it was a genuine case of iritis without pain. By six weeks' treatment her vision was raised to $\frac{2}{3}$. He had knowledge of a similar case in which a physician, unappreciative of the gravity it involved, passed it off as a slight ailment, with the result of destruction of the eye.

According to the *Pharmaceutical Record*, Oct. 21st, 1889, comparative examinations of many mouth-washes show that those containing thymol as the disinfecting agent of the mouth-cavity and teeth are to be preferred to others. The action of thymol is not very rapid, but its use has no deleterious influence on the teeth whatever. Salicylic acid acts on the teeth. Solutions of salicylic acid in contact with teeth for some time are found to contain calcium.

To detect thymol in tooth-washes, cosmetics, or as a test of identity, v. Itallie, in *Arch. de Pharm.*, recommends to add to its solution a few drops of potassa solution and as much of a solution of iodine in iodide-potassium solution as is needed to color the liquid slightly yellowish. A gentle heat will develop a beautiful red color which becomes more intense gradually, but fades after a while or on application of too much heat. With this test, $\frac{1}{10000}$ thymol may be detected. Other phenols do not give this color.

Dr. Bresnier (*Jour. de Med. de Paris; British Journal of Dermatology*, Sept., 1889) states that the falling out of the hair may be checked and a new growth started by the following treatment. The hair should be cut short and a mild sinapism or rubefacient applied to the scalp; then every five days the following lotion is to be applied:—

R. Acid. acetic,		
Chloroformi,	āā	q. s. M.

The above should be used cautiously, as it is an irritant, and stimulates the hair powerfully. In connection with above, the following pomade should be used:—

R. Acid. salicylic,	gr. xv.	
Sulph. precip.,	℥ss.	
Vaselini,	3v.	M.

This pomade should be applied fresh every morning, the scalp having been previously washed. Fatty substances retard the growth of the hair and should not be used.

“The Sultan is much alarmed by his increasing obesity, and he has just summoned Dr Schwenninger to Constantinople, from Berlin, for whose accommodation a palace on the Bosphorus at Therapia has been prepared, where he is to stay for a week. Dr. Schwenninger's treatment has immensely benefited Prince Bis marck; and the Czar was much the better for it' but he soon gave it up, as he is an inveterate gormandizer, and careful and very plain feeding were as impossible to him as the prescription of one tumbler of weak whiskey and Apollinaris at each meal, instead of the magnum of champagne which he usually consumes.”—*London Truth*, September 12, 1889.

FAILURE OF THE HEART IN VALVULAR DISEASE AND ITS TREATMENT.

The writer quotes frequently from a recent article by J. Mitchell Bruce. When a patient with palpitation, dyspepsia, cough and threatening dropsy presents himself for treatment, he doubts "whether we are always careful to put the question to ourselves, What has happened to this man that he should come to me with these symptoms after twenty years of freedom from suffering since the original rheumatic endocarditis? Time was when we were satisfied in such a case with the diagnosis, mitral incompetence. We should now consider this diagnosis as insufficient, and would complete it by saying mitral incompetence with cardiac failure." He ventures to say that "this diagnosis is still short of the full truth," and that "when we proceed to offer a prognosis based on such a conclusion only, and to apply treatment, we proceed on insufficient information. We must first determine the *cause of the failure*, why the heart has broken down, whether from muscular strain, or nervous exhaustion, or alcohol, or other discoverable cause." He maintains that until this point is satisfactorily settled we are not justified in offering a forecast or ordering a therapeutical course.

Dr. Bruce next proceeds to consider the most frequent causes of broken compensation. According to him they may be described as follows: 1. Muscular overwork. 2. Nervous causes, such as the depressing emotions of fear, grief, distress and anxiety. Worry, here as elsewhere, is potent for much mischief. Nervous excitement of a pleasurable kind may also work evil. 3. Imperfect blood supply to the heart. This may result from general hæmatic impoverishment, or from a diseased state of the coronary arteries. 4. Intercurrent diseases, among which rheumatism and pulmonary mischief are most to be dreaded. 5. Causes peculiar to women, such as pregnancy, confinement, protracted lactation, the climacteric, or even difficult menstruation. 6. The every-day use of tea, coffee, tobacco, or alcohol, which act, according to Dr. Bruce, as cardiac poisons. 7. Increase of the valvular lesion, due to endocarditis, rupture of a diseased valve, etc. 8. The advent of what may be called the "limit of compensation." By this is meant the limit that is placed on life and health by the occurrence of secondary changes on the lungs, liver, kidneys and, indeed, in the cardiac wall itself. Cardiac dropsy is finally developed. Judicious treatment may "again and again secure for a time a fresh accommodation, a new adjustment of the physiological balance; but the end cannot be indefinitely averted—the limit of compensation is finally reached."—*Editorial, Med. Record*, March 17.

CLASS-ROOM NOTES

(From the College and Clinical Record.)

Prof. Bartholow recommends for habitual constipation a few minims of wine of tobacco, taken at bedtime. It acts by increasing the secretion and causing peristaltic action.

Prof. Keen gave to the class the following recipe for a light food: White of two eggs well shaken in a bottle with two ounces of lime-water, then add eight ounces of milk.

In the treatment of gummata by the iodides, an occasional dose of pilocarpine is of much value, by favoring liquefaction of the growth and increasing secretion. Prof. Bartholow.

Prof. Da Costa prescribed for a man with polyuria—

R. Extract. ergotæ fluid., f3ss.

Sig.—To be given three times a day, and gradually increased up to one teaspoonful *ter die*.

If stricture of the vagina be discovered in a pregnant woman, let it alone, as the head of the child is the best dilator. Should it prove an obstruction, and not give way in labor, it can then be nicked. Prof. Parvin.

As a good sorbefacient, Prof. Keen gave the following:—

R. Lanolin, p. æq. M.
Agnin.,

Apply.

Prof. Parvin thinks a solution of creoline for washing out the bladder should not be stronger than one-half of one per cent.; that is, half a teaspoonful of creoline to a pint of water. He prefers this strength for vaginal injections also.

For a man fifty-six years of age, Prof. Da Costa prescribed the following for aortic stenosis and fatty degeneration of the heart:—

R. Bariï chlorid., gr. 1-10
Aquæ destillat., f3j. M.

Sig.—*Ter die*.

Milk diet.

For a case of subacute rheumatic fever Prof. Da Costa prescribed one ounce of potass. acetate in the first twenty-four hours, half-ounce the following twenty-four hours, and two drachms a day to be continued. Also ten drops of tincture of digitalis three times a day.

When it becomes necessary to evacuate a scrofulous abscess, it is far better to draw off its contents with a cannula, and inject through the instrument, before removing it, five per cent. ethereal solution of iodoform (being careful not to use enough iodoform to produce toxic symptoms) than to make a free incision. Prof. Keen.

He also gave the following as a valuable fever mixture—

R. Liquor. aconitii citrat., f3ss
 Spirit. æth. nitrosi,
 Liq. morph. sulph., āā f3ss M.
 Dose, a dessertspoonful.

Should the temperature be high, add to each dose two drops of tincture of aconite root.

The method for the preparation of sponges for surgical operations by Prof. Keen is—

1st. Beat with wooden mallet, to get rid of sand and calcareous matter.

2nd. Soak in warm water for twenty-four hours.

3rd. Soak in solution of potass. permanganate (3j to gallon) twenty-four hours.

4th. Wash thoroughly in warm water.

5th. Place for one minute in

R. Sodii sulphit., 3x
 Aquæ, cong. j
 Acid. hydrochloric., 3j M.

6th. Wash in water and place in 20 per cent. solution of carbolic.

For a man suffering with gastric ulcer, brought before the clinic by Prof. Da Costa, the following was directed to be rigidly carried out: Absolute rest on the back in bed, milk diet, in which a small quantity of carbonate of soda is put, to render it alkaline; should this not sufficiently nourish him, then combine with the milk diet nutriment enema. For the anæmia accompanying the disease—

R. Ferri et potassii tartrat., 3ss
 Glycerini, 3j
 Aquæ, qs. ad f3iij. M.
 Sig.—Teaspoonful three times a day.

Prof. Brinton uses the following in the sthenic type of surgical fever—

R. Antimonii et potassii tart., gr. ss
 Tinct. aconiti radicis, gtt. xij
 Magnesiae sulphat., 3vj
 Morphinae sulphat., gr. j
 Spirit. æther. nitros., f3xij
 Spr. zingiberis, f3ij
 Aquæ, q.s. ad f3vj M.
 Dose. f3iv.

For painful affections of large subcutaneous nerves—

R. Potassii cyanidi, 3j
 Aquæ, f3j M.

Applied along course of nerve upon absorbent cotton. The skin must not be broken, or toxic symptoms will develop. Prof. Bartholow.

In a case of splenic leukæmia, in which the red corpuscles were reduced to three-fifths the normal, and the white corpuscles increased to fifty times the normal, Prof. Da Costa prescribed inhalations of oxygen pure, beginning with thirty quarts a day, to be increased up to one hundred and fifty quarts a day.

For a case of paralysis agitans due to lead, the metal being found in the urine, Prof. Da Costa directed 1-200 gr. hyoscyamine ter die, and—

R. Kali iodidi, 3j
 Aquæ fontanae,
 Syrup zingiberis, āā f3ss. M.
 Sig.—Take t.d.

For a boy eighteen years old, having about ten epileptic convulsions a week, caused from a lesion in the cortical portion of the brain, Prof. Da Costa prescribed—

R. Potassii iodidi,
 Potassii bromidi,
 Amonii bromidi, āā gr. x
 Tinct. belladonnæ, gtt. ij.
 Syrup. zingiberis, f3j
 Aquæ, f3j. M.
 Sig.—Three times a day.

R. Pearls of amyl nitrite to avert the convulsion, as he can tell for a short time before an attack comes on.

Items of Interest to the Profession.

ANOTHER OF THE SAME CLASS.

A woman in Xenia, Ohio, U.S., aged 40, has given birth to her twenty-fifth child! Next.

HOUSE SURGEON—WESTERN HOSPITAL.

Dr. Charles E. K. Vidal (Trinity, '89), has been appointed House Surgeon at the Western Hospital. Dr. Vidal is the son of Major Vidal, C. Co., I. S. C., Toronto, Ont.

NEW DISPENSARY.

A new dispensary has been started in town. It is proposed to locate it in Nazareth street, below Wellington street, which is an excellent situation, as it will command the whole of Griffintown and Point St. Charles. We wish our young confreres who have started it success.

THE PORTRAIT OF THE LATE DR. HOWARD.

This much talked about portrait has been on view in the *Star* window, and the universal opinion seems to be that it is a wretched production. Of course the artist was at a disadvantage, a photograph being all he had to go by; but that is no excuse for putting in a patient in the background, which looks like the ghost of Hamlet's father in a fog. If he had left that out the picture would have been passable. Why didn't the committee have a bromide enlargement of one of the many excellent photographs of the late Dean, which would have been true to nature, every bit as permanent, and at one quarter the cost of Mr. Harris's portrait?

J. JULIUS SNITZ, M.D.

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MONTREAL, DECEMBER, 1889.

TO OUR READERS.

Intending as we did to allow no ordinary reasons to prevent us from getting THE RECORD out in good time every month between the 15th and 20th, we owe it to ourselves to make the following explanation of the delay last month, that just as we were going to press with the November number the publishing house was partially destroyed by fire, and many of the forms of THE RECORD were knocked into pi (which means the same thing in ordinary parlance as being knocked into a cocked hat.) The composing room had three feet of water in it, and ever since, owing to the mild weather and there being no roof on the building, the rain has been coming in, so that it was with the greatest effort that the November number was got out a little over two weeks late. The same cause will delay this number about a week. After that we hope to have the new roof on, and everything will be done in order as before. Subscriptions would be especially thankfully received just now.

OPHTHALMOLOGY,

A recent writer on ophthalmology says that many patients treated by gynecologists

for uterine diseases are really cases of hyperphoria or some other kind of squint, and that the proper way to cure the disease of the womb would be to perform a strabismus operation on the eye. This reminds us of a case which came to our knowledge not long ago, of a woman who was suffering from trachoma, for which she had been treated for some time by an oculist without much benefit, and who was said to have been promptly cured by a gynecologist, who performed an operation in the cervix uteri. In both cases perhaps the claim is a little too far fetched, although there is some connection between all the organs of the body through the great sympathetic. But what is more to the purpose is to realize that any causes which are capable of lowering the vitality of the body in general will at the same time make work for all the ologists. No machine, however, is stronger than its weakest part, so the weakest organ is the first to break down.

TREATMENT OF ACNE.

One of the most sensible articles that we have seen for a long time on the treatment of skin disease is one which appeared in our last issue, taken from the *Medical and Surgical Reporter*, in which Dr. J. H. Fox says that he prefers to treat acne without either arsenic, sulphur ointment or lotions. That the disease is largely of a reflex nature, due especially to disorders of digestion, and is chiefly benefited by diet. If the skin is greasy and the sebaceous glands are the seat of comedones and pustules, they should be evacuated and the skin should be kept clean. Although he formerly used to use many internal remedies, his chief principles of treatment now are the regulation of the diet and the use of local massage, the latter consisting of squeezing out the comedones, emptying the pustules and scraping with a round curette, kneading with the fingers, etc. For our part we would lay a special stress on two things—first, the plentiful use of soap and

hot water, so as to prevent the openings of the sebaceous glands from being blocked up with particles of carbon and other dust; and, second, clearing out of the liver and bowels, with the careful elimination of cakes, pastry and the many other bilious abominations with which the modern diet is overstocked. It is refreshing to see a specialist for the skin knowing or caring anything about the stomach.

HYPODERMIC INJECTIONS OF MERCURIALS IN SYPHILIS.

The *Medical News*, Nov. 9th, contains an article based on the experience of Lelois and Lavernier on hypodermic injections of mercurials in the treatment of syphilis. The conclusions arrived at may be stated as follows: Their only advantage is the rapidity with which they cause syphilitic eruptions to disappear from the skin, but the objections are so many and so great that the above writers prefer mercurial inunction to get the patient under its influence rapidly, the effect being kept up by means of pills of bi-chloride or proto-iodide. This treatment is continued during one or two years, and iodine is withheld until the second year.

WHEN TO RECOMMEND EXERCISE IN HEART DISEASE.

It has long been known that in certain forms of heart disease out-door exercise is the very best remedy, while in others the prolongation of life depends entirely on the amount of care and rest the patient takes. Recently Oertel has been advocating hill climbing for certain forms of cardiac disease, although this is by no means new, for twelve years ago at the London Hospital we have often heard Sir Andrew Clarke recommending regular and graduated exercise, and since then we have been constantly treating cases of weak or fatty heart by the same method. Dr. Alfred L. Loomis has communicated an interesting and very

much needed article to the *Medical News*, November, 1889, in which he points out which cases it is best to treat with rest, or which should be treated by exercise. He says that while formerly great stress was laid upon the condition of the murmurs, we now know that the condition of the heart muscle is of far greater importance.

When the heart is well nourished it will hypertrophy, so as to meet all demands made upon it. While, if it is badly nourished, increased demand leaves dilatation, so that in cases of dilatation and weakened heart walls physical exercise is always contra-indicated.

In cases of acute inflammation about the heart absolute rest in bed is necessary. Second, when the heart is handicapped by the prolonged use of alcohol and tobacco the presence of valvular disease requires that physical exercise must be indulged in with care, for the simple reason that the heart muscle is not in a position to meet any increased strain.

In mitral stenosis gentle exercise does good, while sudden or severe physical exertion does harm.

In mitral insufficiency the great danger lies in weakened and consecutive dilatation of the ventricles; any exercise, therefore, which causes shortness of breath cannot safely be indulged in.

In the early stage of fatty degeneration of the heart walls, he says, a moderate degree of vigor may be maintained for a long time if patients are restricted to an animal diet and adopt a life of systematic out-of-door exercise, which, however, must stop short of fatiguing dyspnoea.

He thinks that even slight physical strain is dangerous in fatty heart of those advanced in life, on account of the atharomatic disease of the aorta. The heart affections which have been found uniformly benefited by vigorous physical exercise are fatty infiltration and weak hearts in anæmic and nervous subjects.

We have seen many instances of heart disease in persons suffering from obesity completely cured by shutting off the supply of fat-producing food and turning on a gradually increasing supply of oxygen in order to burn up the surplus store of fat which not only clogs the action of the heart, but also interferes with the functions of other organs. We can thus, so to speak, convert that fat into muscle, for it is an axiom that whenever a well fed muscle contracts it develops. In recommending exercise in cases of heart disease, we must see that our patients understand that it is gradually increasing exertion in proportion as their strength returns which is desired, while all forms of excitement and exertion pushed to fatigue must be avoided.

AN ABUSE OF CHARITY.

We wish to call the attention of the attending staff of the Montreal General Hospital and the Notre Dame Hospital to an abuse of their charitable services, which not only affects them but still more does a serious injustice to a large number of medical men throughout the country.

Owing to the curse of political patronage, without the consideration of which the smallest public service cannot at present be performed, the Marine Department has deemed it advisable to place its sick proteges in the different existing hospitals all over the country, paying such a sum for their board, lodging, nursing, medical attendance and medicine per diem as may seem reasonable and just. What may be considered a reasonable sum for the above services to a sick sailor varies of course in proportion to the locality, the number to be treated and other circumstances, so that the Marine Department has naturally had to adopt some standard by which to guide it in deciding what amount it should pay out as trustee for the sailors for the services the latter receive. This standard has been fixed at 90 cents a day, which was the sum

demanding by the Montreal General Hospital as the actual cost to which that institution was put to by each additional patient each day. When the Notre Dame Hospital applied for its share of the sick sailors it was told that it could have them at the same price as was paid to the Montreal General Hospital, which they accepted. The St. John City Hospital was also compelled to accept the same amount, and so on with the other hospitals, so that the Marine Department has gradually come to look upon 90 cents a day as an ample sum to cover the expenses of a sick sailor, who very often requires on the contrary :

One day's board and lodging at a fourth-class hotel	\$1 00
One day's board and lodging for day nurse..	1 00
One day's board and lodging for night nurse..	1 00
One day's pay for day nurse.....	1 00
One day's pay for night nurse.....	1 00
Two visits of doctor with use of \$200 worth of instruments.....	2 00
Medicine	50
	<hr/>
	\$7 50

Of course this sum would gradually decrease with the number of patients until there were ten, who could be nursed and attended for about \$2.50 a day each. Where the injustice of getting these services for 90 cents a day comes in is that whereas the patients in the Montreal General Hospital pay nothing for lodging, the building being furnished by charity nothing for medical and surgical care, which is given as charity, and nothing for the use of instruments, which are provided by charity, the Marine Department, unaware of all this, thinks that the 90 cents pays for everything, and looks upon a doctor down in Nova Scotia or New Brunswick as an extortionist when he demands \$2 a day for the things which *he* has to pay for, but which are provided by charity at Montreal. It must be remembered that sailors are in no sense paupers. They receive such large wages that they are able to squander thousands of dollars in the saloons along the wharves, and in some

cases we have known them to throw a bag of silver dollars into the sea because they had no use for them. It is owing to this proverbial improvidence that the Government stops as much money out of their wages as will pay for the best of care of them when they are sick. Of course the Marine Department has no wish to impose upon the doctors; it is simply laboring under a misapprehension. But at present the medical staff are not only attending the sailors for nothing but are actually paying a hundred dollars down and twelve dollars a year towards the maintenance of his hospital. The staff of these two hospitals should unite in demanding the same remuneration for attendance on sailors as they do for their services to other non-indigent laboring men, and if they do not want the money so paid they can make a present of it to the hospital. But they will be doing an act of simple justice to their less wealthy brethren at other seaports in explaining to the Government that the 90 cents a day does not pay for medical attendance.

STATISTICS OF LEPROSY IN THE UNITED STATES.

In view of the general impression that leprosy is spreading in this country, it is desirable, in the interest of the public health, to obtain accurate information upon this point. The undersigned is engaged in collecting statistics of all cases of leprosy in the United States, and he would ask members of the profession to aid in this work by sending a report of any case or cases under their observation, or coming within their knowledge.

Please give location, age, sex, and nationality of the patient, and the form of the disease—Tubercular or Anæsthetic; also, any facts bearing upon the question of contagion and heredity.

Address Dr. PRINCE A. MORROW,

Journal of Cutaneous and Genito-Urinary Diseases.
66 West 40th Street, New York.

—A woman living in Penzance, England, recently gave birth to a boy 25 lbs. in weight, two feet three inches tall, and 11 inches across the chest. The child was born alive and well, but afterwards died from croup.

BOOK NOTICES.

CIRRHOSIS OF THE PANCREAS; OR, PANCREATIC ANEMIA.
By Chas. Warrington Earle, M.D., Chicago, Ill.

THE TREATMENT (NOT PREVENTIVE) OF PUERPERAL FEVER. By Chas. Warrington Earle, M.D.
From the *Chicago Med. Journal and Examiner*.

CEPHALÆMATOMA OF THE NEW-BORN. By Chas. Warrington Earle, M.D. Chicago. Reprinted from the *Journal of the American Medical Association*.

THE CINCHONA CURE FOR INTemperance. By Dr. Chas. W. Earle. Reprint from the *Chicago Medical Journal and Examiner*. February, 1880.

RETAINED DEBRIS AS ONE OF THE CAUSES OF PUERPERAL FEVER. The intra-uterine douche and curette. By Dr. Chas. Warrington Earle. Chicago.

THE OPIUM HABIT, A clinical lecture by Chas. Warrington Earle, M.D. Reprinted from the *Chicago Med. Review*, October 5th and November 5th, 1880.

THE INFLUENCE OF SEWERAGE AND WATER POLLUTION ON THE PREVALENCE AND SEVERITY OF DIPHTHERIA. By Chas. Warrington Earle, M.D. Reprinted from *Archives of Pediatrics*, Nov., 1888.

OBSERVATIONS IN VIENNA. The General Hospital, Billroth, Carl Braun, and others. By Charles Warrington Earle, A.M., M.D. Reprint from *Western Medical Reporter*, September, 1888.

ANTISEPTIC OBSTETRICS. By Charles Warrington, A.M., M.D., Chicago. Reprint from the *Transactions of the Thirty-Seventh Annual Meeting Illinois State Medical Society held in Rock Island, May 17th, 1888*.

ADDRESS OF PRESIDENT C. W. EARLE. Delivered at the Thirty-Ninth Annual Meeting of the Illinois State Medical Society, May 21st, 1889. "The responsibilities and Duties of the Medical Profession Regarding Alcoholic and Opium Inebriety."

ABSTRACT of the Fifth Annual Report of the New York Post-Graduate Hospital (and the Babies' Wards), for the year ending September 15, 1889. 226 East 20th street, New York city.

This institution, which has already acquired a world-wide reputation has made several improvements recently which will greatly increase its usefulness. In our opinion many graduates and young practitioners who annually flock to Europe would spend their time and money to better advantage at this institution.

INFANT FEEDING. By Dr. Chas. Warrington Earle, Prof. Diseases of Children Women's Medical College; Professor Obstetrics College of Physicians and Surgeons, Chicago. Reprinted from the Journal of the American Medical Association, Aug. 4th, 1888.

THE MANAGEMENT OF LABOR AND THE LYING IN PERIOD. A guide for the young practitioner. By Henry G. Landis. Lea Bros & Co., Philadelphia.

This is a work of over three hundred pages. In its author's modest preface he says that its aim is to serve as a guide to practice, divested of all superfluous and irrelevant details. He has, however, so carefully arranged his matter and economized his space that no important subject has been slighted or left out. A good deal of time, we think, is often lost in useless talk by the physician while waiting for the termination of labor. This time might be spent to the very best advantage by studying up such a work as this. There may even be features about the case which would be elucidated by consulting its pages. Its convenient size and the extreme practicability of its contents render it a most valuable companion for the accoucheur.

WOODS MEDICAL AND SURGICAL MONOGRAPHS. Vol. 4, No. 1, October, 1889. The Influence of the Male Element upon the Female Organism. By John Brown, M.D. The Internal and External Temperature of the Human Body as Modified by Muscle-Kneading. By A. Symons Eccles, M.B. The Diseases of the Breast. By Thomas Bryant, F.R.C.S.

No. 2, November, 1889. The Surgery of the Knee-Joint. By C. B. Keetley, F.R.C.S. Aids to Ophthalmic Medicine and Surgery. By Jonathan Hutchinson, Jr., F.R.C.S. Bacteriological Technology for Physicians. By D. C. J. Solomonsen.

These are two sample copies of the series, showing the variety and wide range of subjects discussed in each volume. Physicians will find much to interest and instruct them in this valuable and practical Library of Monographs, which is published at the low subscription price of \$10.00 per annum, or \$1.00 for each issue.

THE PHYSICIAN'S VISITING LIST FOR 1890, being the thirty-ninth year of publication. Philadelphia: P. Blakiston, Son & Company, 1012 Walnut street. Sold by all booksellers and druggists.

Some idea of this visiting list may be obtained from a glance at the table of contents: "Almanac Table of Signs," "Marshall Hall's Method," "Poisons and Antidotes," "The Metric System," "Dose Table," "New Remedies," "Aids to Diagnosis and Treatment of Diseases of the Eye," "Diagram of the Eruption of the Milk Teeth," "Disinfectants," "Examination of the Urine," "Incompatibility," &c., besides blank leaves for everything required in a note book, such as visiting lists, monthly memoranda, addresses of patients and others, nurses and their references, accounts asked for, memoranda of wants, obstetric engagements, vaccination engagements, record of deaths and births, cash account, &c.

This is the eleventh year we are using this visit-

ing list in our practice, and we can truly say that we could not wish for anything better. It has saved us many times its cost and, besides, has furnished a permanent and pleasing record of our daily work during the years that have passed. With spaces for fifty patients a week, it only costs a dollar and a quarter in the States.

A TREATISE ON MATERIA MEDICA, PHARMACOLOGY AND THERAPEUTICS. By John V. Shoemaker, A.M., M.D., Professor of Materia Medica, Pharmacology and Therapeutics in the Medico-Chirurgical College of Philadelphia, and member Medical Association, and John Auld, M.D., Demonstrator of Clinical Medicine and of Physical Diagnosis in the Medico-Chirurgical College of Philadelphia, and member Medical Association. In two volumes. Volume I devoted to pharmacy, general pharmacology and therapeutics, and remedial agents not properly classed with drugs, Philadelphia and London, F. A. Davis, publisher. 1889. Price, cloth, \$2.50; sheep, \$3.25 net.

The style of this book is exceedingly practical. All the most important facts are printed in heavy type, so that when the reader is in a hurry he can get at the gist of the paragraph at a glance. The article on electro-therapeutics is especially commendable, as, though brief, it really gives all the most recent information on the subject. The advantages of a certain line of treatment for a given disease are impressed upon the memory by the reports of cases for the most part occurring in the author's extensive practice. Its moderate price will make it especially in demand by students and young practitioners.

EDUCATION AND CULTURE, AS CO-RELATED TO THE HEALTH AND DISEASES OF WOMEN. By A. J. Skene, M.D.

This little work is one of the *Leisure Library Series for Physicians*, published by Geo. S. Davis, of Detroit. It is a philosophical and well thought out treatise by the well known gynecologist of Brooklyn, who thus gives to the profession his views, based on a large experience, of the evils of the present system of education of women in America. Gynecologists, like all specialists, are sometimes accused of looking only at their specialty side of the human machine; but a careful perusal of this work will convince anybody that the author, at least, does not fall into this error. The subject is an important one, and is receiving a good deal of much needed attention from many leading writers of the day. Besides a short paper on the subject in the last number of this journal, there is a very interesting article in the last number of the *Popular Science Monthly*, by Grant Allan, and another by Dr. Ernest Herman in a recent number of the *British Medical Journal*. After reading those three articles and the book above mentioned by Skene, one has no difficulty in understanding why so many women are sick, helpless and hopeless; the only wonder is that there are any healthy ones at all.

ESSAY ON MEDICAL PNEUMATOLOGY. A physiological, clinical and therapeutic investigation of the gases. By J. N. Demarquay, surgeon to the Municipal Hospital, Paris, and of the Council of State; member of the Imperial Society of Surgery; correspondent of the academies of

Belgium, Turin, Munich, etc.; officer of the Legion of Honor; Chevalier of the Order of Isabella, the Catholic, and of the Conception of Portugal, etc. Translated with notes, additions and omissions, by Samuel S. Wallen, A.M., M.D., member of the Medical Association; ex-president of the Medical Association of Northern New York; member of the New York County Medical Society, etc., etc. Illustrated with fine wood engravings. Philadelphia and London, F. A. Davis, publisher, 1889. Price, cloth, \$2; half Russian, \$3 net.

This is a handsome volume of 300 pages, in large print, on good paper, and nicely illustrated. Although nominally pleading for the use of oxygen inhalations, the author shows in a philosophical manner how much greater good physicians might do if they more fully appreciated the value of fresh air exercise and water, especially in diseases of the lungs, kidneys and skin. We commend its perusal to our readers.

DAVENPORT'S HANDBOOK OF GYNECOLOGY. Published by Lea Bros., of Philadelphia.

In our last number we only had space to mention that we had received the above named book. Since then we have had time to give it a thorough perusal, and are now in a position to agree with the many reviewers whose notices we have read in other journals in congratulating Dr. Davenport upon the success which he has achieved. We think he has been especially fortunate in not attempting to launch another complete treatise upon the sea of gynecology. There are almost too many of them now, more, at least, than any one man has time to read. He has tried to write a book for the student and general practitioner which would tell them just what they ought to know without distracting their attention with a lot of compilations for which they could have no possible use. In this he has been eminently successful. There is not a page, nor even a paragraph, of useless matter. Everything is of the newest, freshest and most practical, so much so that we have recommended it to our class of gynecology students. What the author advises in the way of treatment has all been practically tested by himself, and each method receives only so much as he has found that it deserves. We feel sure that these good qualities will command for it a large sale.

A HANDBOOK OF OBSTETRICAL NURSING, for nurses, students and mothers. Comprising the course of instruction in obstetrical nursing given to the pupils of the Training School for Nurses connected with the Woman's Hospital of Philadelphia. By Anna M. Fullerton, M.D., Demonstrator of Obstetrics in the Woman's Medical College of Pennsylvania; Physician-in-Charge and Obstetrician and Gynecologist to the Woman's Hospital of Philadelphia, and Superintendent of the Nurse Training School of the Woman's Hospital of Philadelphia. Philadelphia, P. Blakiston, Son & Co., 1012 Walnut street. 1890.

This is only a little book, but is full of information which every woman ought to know who is likely to become a mother, or who will be called upon to help some other woman who may need her assistance. It is written principally for nurses, but its perusal would well repay the young practitioner, who generally has, during his first few

years of practice, to be accoucheur and nurse all at once. When he is constantly hampered by the ignorant but well meant help of neighbors, he would wish that some such book as this were in every woman's hands. The time occupied in waiting for the termination of labor might be well employed in reading a few extracts from it to the little circle of kind hearted but dangerous friends who generally gather on such occasions. It should, therefore, find a place on the table not only of maternity nurses, but also of young practitioners.

A TEXT-BOOK OF ANIMAL PHYSIOLOGY. With an introductory chapter on General Biology, and a Full Treatment of Reproduction. For students of human and comparative (veterinary) medicine, and of general biology. By Wesley Mills, M.A., M.D., L.R.C.P. (Eng.); Professor of Physiology in McGill University, and the Veterinary College, Montreal. With over 500 illustrations. 8vo, pp. xxii, 700. New York: D. Appleton & Co. 1889.

This marks a distinct advance in the method of teaching the subject of physiology, and we trust it will be followed by all the progressive teachers in that department. Together with the author, we retain a vivid remembrance of how, during our student days, we were filled with facts and details of technical physiological experiments, until we lost sight almost entirely of the important truths these experiments were intended to illustrate and explain. By the plan of Dr. Mills, the principles of the science of physiology are always kept before the student, and continually reappear in all parts of the book. Technical details are made subordinate to the effort to make clear the laws governing all the phenomena of life. The author's object is finely stated in the opening words of the work:

The comparative method, the introduction of the teaching of embryology and of the welding principles of evolution, as part of the essential structure of zoology, may be said to have completely revolutionized that science; and there is scarcely a text-book treating of that science, however elementary, which has not been moulded in accordance with these guiding lines of thought. So far as I am aware, this cannot be said of a single book on the subject of physiology. Feeling, therefore, that the time had come for the appearance of a work which should attempt to do, in some degree, at least, for physiology what has been so well done for morphology, the present task was undertaken.

How well this attempt has succeeded will be apparent to every one upon an examination of the work.

The task the author set himself was not a simple one, and necessitated, among other things, an entire change in the plan of the book, as compared with all other works on the subject. In the first place, there are no chapters, though the general divisions are headed with larger type, indicating the subject-matter following. Concerning this, Dr. Mills says that observation has taught him that the arrangement into chapters, often gives the student the idea that each function of the body is discharged very much independently; he, therefore, has made a persistent effort throughout the work to impress upon the student the absolute dependence of all parts. In this he has succeeded admirably.

Again, the book has not been overcrowded with elaborate methods of investigation. Enough, however, has been given to show their importance and

to enable each one "to verify the essential truths of physiology," by the more simple and direct methods.

At the end of each subject, a summary is presented, giving in a few precise words what has preceded. This is especially valuable, not only to students, but to all who may consult the work to refresh their physiological knowledge. The subject of reproduction appears early in the book, instead of at the very last, as in most others. The author gives his reasons for this as follows;

An attempt has been made to use embryological facts to throw light upon the different functions of the body, and especially their relations and independence. It, therefore, became necessary to treat this subject early. It is expected, however, that the student will return to it after reading the remaining chapters of this work.

Another important feature is the introduction of clinical and pathological facts. This accomplishes two purposes: it serves to teach and impress proper physiology, by showing what the departure therefrom produces; and it illustrates the bearing physiology has upon practical medicine, and is a direct proof of its importance.

Other features to which the author alludes might be mentioned here, but enough has been said to show the general plan of the work. Let us now consider a part of the book in detail—we have not space for a complete analysis—in order to indicate the thoroughness with which Dr. Mills has done his work.

We first have some remarks under the head of General Biology, giving the student some general laws in regard to the nature of all living things. The Cell is then considered, because all living things, whether great or small, are made up of cells. This leads to a description of the simplest forms of life, as illustrated in the unicellular plants, examples of which are the yeast plant and the protococcus. Unicellular animals naturally come next, and we begin to observe a higher form of life. Examples of these are the amoeba, the parasite organisms and the bacteria. Animals of a single cell, but with a differentiation in structure, follow, and then we have the multicellular organisms. After which the cell is reconsidered, and its properties discussed, as we have seen them under the previous heads, and some general conclusions are drawn as to the nature of protoplasm, the principal constituent of the cell.

The fact that no two masses of protoplasm are exactly alike, and that there is a physiological division of labor, is shown in the study of the animal body, its construction, and its needs. That one part is functionally dependent upon another is also very beautifully shown. Dr. Mills then presents the difference between living and lifeless matter, taking as his illustration the old comparison between the modern watch and a living organism. We have never seen this more graphically done. After reading it the student will never forget the fundamental differences existing in matter that is living and matter that is lifeless.

In regard to the classification of the animal kingdom, the author gives that of Claus, but says truly that all classifications are more or less artificial, and, therefore, unsatisfactory. Nevertheless, they serve a useful purpose in helping to simplify knowledge, and cannot be entirely disregarded.

The next divisions are of especial interest. They discuss Man's Place in the Animal Kingdom, and certain general laws governing the manifestations of living matter—such, for instance, as the law of

periodicity, or rhythm, and the law of habit. We believe that Mr. Herbert Spencer was one of the first to call attention to the law of rhythm, and the beauty of the chapter entitled the Rhythm of Motion, found in his First Principles will be recalled by all. We have looked through several works upon Physiology, and can find scarcely a reference to the law. They seem to think it would be out of place in a text-book, for, of course, the authors were not ignorant of it. It is their method, not themselves, that is at fault. So with the laws of habit as well as some others. Dr. Mills deserves the thanks of all students in thus teaching them to know and appreciate the general forces at work, that go to make up the complex phenomena of living things. We trust his effort in this direction will not be in vain.

The next division considers the Origin of the Forms of Life, in which the doctrine of evolution is carefully studied. The argument is arranged under the following heads: Morphology, Embryology, Mimicry, Rudimentary Organs, Geographical Distribution, Paleontology; Fossil and Existing Species, Progression, and Domesticated Animals. The summary of this part says:

Every group of animals and plants tends to increase in numbers in a geometrical progression, and must, if unchecked, overrun the earth. Every variety of animals and plants imparts to its offspring a general resemblance to itself, but with minute variations from the original. The variations of offspring may be in any direction, and, by accumulation, constitute fixed differences, by which a new group is marked off. In the determination of the variations that persist, the law of the survival of the fittest operates.

This leads directly to the study of Reproduction, which comes next. Its introduction thus early in the work has already been referred to. It occupies seventy-six pages of the book, and is presented in such a way as to attract the student. This is a great gain, for usually it does not receive from them the proper attention.

Then occur divisions with the following titles: Organic Evolution Reconsidered; Chemical Constitution of the Animal body; Physiological Research and Physiological Reasoning; and we come to the study of the blood, where most works upon physiology begin.

It is unnecessary to follow the author further. We have seen how radical is the difference between this and the ordinary text-book, and enough has been said also to show its superiority. In a general way, we will say that the rest of the work exhibits the same careful statement, the same comprehensive grasp, the same simple direct way of putting things, and the same beauty of expression as the part already considered. It is a work redounding to the credit of the author, and of great importance to the student.

A word should be said as to the appearance of this book. The publisher seems to have spared nothing to give it a fitting form. The printing, binding and paper are of the highest order. There are over 500 illustrations of great utility and of fine execution.

Some of these are old, familiar friends, but many of them are new and original. Their abundance and their excellence will assist materially in giving a clear understanding of what is now known of physiology. We end with the wish already expressed, that Dr. Mills' work and method will be followed by all progressive teachers, and that all students will be given the benefit of his comprehensive and delightful book.—*Buffalo Med. Journal*.

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Original Communications.

OBSTETRICS AND GYNECOLOGY.

By DR. LAPHORE SMITH, Lecturer on Gynecology in Bishop's College.

After having read all the articles which have appeared in the journals during the past three months, on the subject of obstetrics, the general impression left on the mind is that most of the writers are in favor of allowing nature to carry on normal labors with as little interference as possible. The value of the bag of waters as a help in labor, and not a hindrance, is becoming more generally recognized. When all accoucheurs (especially young ones) come to understand that labor is a process which, above all others, requires time, and which is not to be terminated arbitrarily during whatever stage at which the doctor happens to be sent for, then the gynecologists will have to mourn a serious shortage in the crop of lacerated cervixes. True, it is very annoying to the busy practitioner, who is sent for in the middle of the first stage of labor, to have to remain away from his office and his other patients for many hours until the parts are ready for the passage of the child. And it is still harder for the soft-hearted young doctor to sit quietly by while the primipara is continually asking if he can

do nothing for her. What is he to do? When he hints that he will go away for a few hours and come back in good time, the husband and friends remind him of different first confinements they know of which were terminated in two hours from the beginning of the pains, and they tell him how they had had to call in another doctor, who had just arrived in time to save the woman's life, and how severely the doctor who had left her had been criticized for his conduct. Under the influence of such threats, in the beginning of my practice I have remained all night with a screaming primipara, whose labor only began at 8 o'clock p.m., until 7 next morning, when, wearied and disgusted, I dragged the head through the incompletely dilated os and ruptured perineum just 13 hours before labor should have terminated. But I will never do it again.

Not long ago I asked a well known professor of obstetrics how long he thought was the proper time for a first confinement to take. He promptly replied not less than 24 hours. Taking this hint, I tell all primiparæ when they engage me not to become alarmed and excited; that the very shortest time which a normal first labor should take is 24 hours, and that although I will come in occasionally to see that everything is going on well, I will only

come to stay towards the end of the 24 hours. This seems to reassure them greatly. With multiparæ it is, of course, very different. I have known labor to be completed in two hours from the first pain.

Those who have been writing lately on laceration of the cervix admit that in many cases the accoucheur is to blame, owing to interference, especially with instruments, before dilatation is complete. This is contrary to the opinion of Emmett, who says that the accoucheur has nothing to do with it. I for one venture to differ from so great an authority on that point. In my own first hundred confinements laceration of the cervix occurred at least half a dozen times; in my last hundred it has not happened once. My motto now is: The bag of waters is the accoucheur's friend."

In laceration of the perineum the immediate operation is now the rule, and it is just possible that laceration of the cervix may be sewed up with advantage at the time of the accident. There is no doubt that many of the cases of flooding that we hear of are due to laceration right up to the circular artery of the uterus. It would be a good custom to inaugurate for the attendant to examine such a case at once, and either to put in a few stitches himself or to send for a gynecological confrere. If he has not the materials with him the bleeding may be temporarily arrested with very hot water douches while he is away for his instruments. Family doctors cannot too fully realize the importance to their patients of seeing that these two injuries are repaired before they have had time to undermine their patient's health.

The most notable feature in the progress of gynecology is the extraordinary large number of cases of extra uterine pregnancy which are being reported as having been saved by operation. The question naturally arises whether they are genuine, or really cases of mistaken diagnosis, and second, if genuine, is the accident not becoming much more common than formerly? Probably

there are many mistakes in diagnosis, while the increased frequency of the accident can be fairly well explained by the greater number of women in all ranks of society in whom the mucous membrane of the Fallopian tubes has been deprived of cilia by gonorrhoeal or other inflammation, so that the ovum is stranded in the tube, while no waving obstacle is offered to the onward march of the bold spermatozoid. For, in my opinion, these latter have no business to go any further than the cavity of the uterus, although I am aware that they have been seen on the ovary, and even in the abdominal cavity, but the observers do not tell us that in those cases the mucous membrane of these tubes was healthy.

A complete revolution in the treatment of endometritis and menorrhagia has been inaugurated on this continent by the adoption of what I described a few years ago, in my letter from Berlin, as Martin's method, which consists in rapidly dilating the uterus with solid instruments under constant irrigation, then curetting out the uterus with a sharp curette (Martin's preferred) until the whole diseased mucous membrane is removed, then applying a light coating of pure carbolic or iodized phenol, and then packing the uterus full with a strip of iodoform gauze, the end of which is left projecting from the os, and which ensures perfect drainage. Of course this is an operation which must not be lightly undertaken by those who are not thorough masters of the principals of asepticism.

Dr. Wiley, of New York, has a remarkably clear article on this subject in the January number of the *American Journal of Obstetrics*. The conclusions are as follows:—

1st. Perfect drainage of the uterine canal is of the utmost importance in all diseases of the endometrium.

2nd. It has been practically overlooked by gynecologists, and its importance disregarded in treatment.

3rd. That it can best be secured by free

dilation by means of a steel dilator used once a week, not too near menstruation, and supplemented by hard rubber drainage plugs, curretting and intra-uterine applications of carbolic acid.

4th. That in many cases to-day being treated by the use of pessaries, and called cases of ante flexion and retroversion and flexions, all symptoms can be permanently cured in a few weeks by the use of the dilator, the drainage plug, curette and simple intra-uterine applications properly made.

5th. That sponge or other tents left in the os, and obstructing drainage for more than a few hours, should never be used, for they not only obstruct drainage, but are liable to cause uterine contractions and force the contents of the uterus out through the Fallopian tubes, and cause local peritonitis, etc. By the use of a colpenrynter to soften the os uteri, it can be rapidly stretched by dilators or Barnes' rubber bags without interfering with drainage,

6th. That the same objections are applicable to vaginal or uterine tampons, so frequently used to stop uterine hemorrhage, as have been made to the sponge tent, and that by the proper use of hot intra-uterine douches of 120° after dilation, or by tying or compressing with forceps the circular or other larger arteries, with very rare exceptions all uterine hemorrhages can be controlled; and if a tampon is used it should be left in place only a few hours, and, of course, be prepared by being soaked and squeezed out in a solution of bichloride of mercury or some reliable antiseptic.

7. That, with very few exceptions, the many cases of chronic uterine catarrh treated by the use of hot douches, rest, and iodine to the vaginal vault, can be readily cured by: 1st, improving the circulation of the pelvis by means of boroglyceride and alum solution applied twice a week on long, firmly rolled cotton pledgets; and, 2nd, by dilating with a steel dilator about two or three times a month and properly making single carbolic

acid intra-uterine applications, and, if indicated, the use of the curette and hard rubber drainage plug.

8. That the same treatment will give better results in those obstinate cases of chronic uterine disease, in which the use of chromic acid, nitric acid, and other strong caustics, or the actual or galvanic cautery has been resorted to.

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, 27th December, 1889.

PRESIDENT, DR. GEO. ARMSTRONG, IN THE CHAIR.

Present:—Drs. Jas. Stewart, R. McDonnell, Brown, Shepherd, Jas. Bell, Harry Bell, W. Gardner, J. Gardner, Jas. Perrigo, Reed, Allan, England, Booth, Hingston, Spendlove, Springler, G. C. Campbell and Laphorn Smith.

Dr. Armstrong exhibited a pathological specimen which he had removed from a woman who had been suffering severe pain or locomotion for several months past. It was situated behind the uterus, slightly fluctuating, and was as large as an orange. She had menstruated in the middle of June, and every month since. There was slight hemorrhage into the left ovary and a slightly cystic condition of the left.

Dr. Shepherd suggested that it was an extra uterine foetation.

Dr. Rich. McDonnell asked what would have happened if the ovaries had been left in.

Dr. Armstrong replied that the woman was suffering so much that she was compelled to lie down every day. The ovaries were very sensitive to the pressure of the uterus on them, and her appetite was failing. If she had not been operated on, adhesion would have formed and her sufferings would have increased.

Dr. James Stewart exhibited a case of polyuria and slight left partial paresis and atrophy, including the left half of the tongue and palate. He passed 110 ounces of urine in 24 hours, and the quantity was uninfluenced by treatment of any kind. The question which arose was: Is there any connection between the polyuria and

the nerve disorder? He thought there was.

Dr. Laphorn Smith wished to ask three questions:

1st. Was he a smoker?

2nd. Was he a drinker?

3rd. Had codeine or codeia been tried? In one case he had known codeine to be very effective in diminishing the quantity of urine. He thought this a case of disease going on about the base of the brain, which was at the same time pressing on the floor of the fourth ventricle and on the origins of the spinal nerves going to the affected side.

Dr. Gardner said he had had one case in which 150 ounces a day had been passed for several weeks following ovariectomy. The patient had a large appetite and great thirst. He asked if there were any recognized causes for polyuria.

Dr. Hingston found such cases very frequent after operations.

Dr. Stewart replied that the man was a non-smoker and temperate. Morphine had been tried, but not codeine. He could give no explanation to Dr. Gardner's question.

Dr. Hingston showed several stones which he had removed by lithotomy from a man with an enormous prostate. The peculiarity of the case was that he had the greatest difficulty in finding the stones. It was only after making several examinations, and with a sharply curved sound that he had succeeded in detecting them. Another peculiarity was that not a drop of urine passed by the wound, and he was able to retain urine in the bladder very well.

Dr. Shepherd asked whether he had suffered from retention up to the operation?

Dr. Laphorn Smith said that he had experienced the same difficulty in finding the stones in several cases of greatly enlarged prostate; he thought the inflammation was the formation of a pouch below the level of the urethra, as proved by the large amount of residual urine in these cases.

Dr. McDonnell read the history of a case of appendicitis, which began twelve months ago by a sharp pain in the right iliac region, which lasted some time. Five months ago had a second attack, which left patient in bed three weeks. After being up for three weeks another attack came on, lasting till June. Nine days before

admission was taken with severe pain and vomiting, followed four days later by a severe rigor. Before entering hospital was treated with opium. On entering the hospital there were all the symptoms of peritonitis, pulse being 120, small and hard, and breathing being very rapid. Temperature 100.8. Opium was administered, but the patient continued to grow worse; in fact the prognosis was so bad, and the symptoms pointing to appendicitis, laparotomy was thought to be warranted, and it was handed over to the surgical side.

Dr. Shepherd then read the following report: On 14th Sept., assisted by Dr. Bell, he operated. On cutting through the abdominal wall two abscesses containing pus were evacuated. There was a gangrenous ulcer of the appendix, which latter had to be tied very close to its union with the cæcum, it was so much diseased. By the end of a week there was no fever, but a faecal fistula formed. It was packed with iodoform gauze. Although a small sinus still remained, the patient was well and at work. This case illustrated the importance of early operation. In several other cases he had operated on they had all died because the operation had been resorted too late. In some cases such violent peritonitis is set up by the rupture of the abscess that no operation can avail.

Dr. Bell said that he strongly advocated early operation; the trouble was in the peritoneal cavity, and we could not afford to trifle with it. Lateral incision was much better than median incision. He had had two successful cases.

Dr. Hingston regretted to say that he had had one case in which he did not operate, and the patient died. In future he would operate.

Dr. Gardner said that when there is an abscess to be evacuated, and a drainage tube is used, there is no necessity for covering the stump with peritoneum. If, on the contrary, the abdomen is closed without any tube, then it is better to cover the stump.

Dr. Springle had seen two cases in the dissecting room.

In conclusion, Dr. McDonnell urged all practitioners to be on the lookout for these cases, so as to recognize them early and to operate; and Dr. Shepherd said that he had lost six cases because they were operated on too late.

[Reported for THE CANADA MEDICAL RECORD.]
FRENCH CONGRESS OF SURGERY,
OCTOBER, 1889.

DISCUSSION ON THE ELECTRICAL TREATMENT OF FIBROIDS.

The electrical treatment of fibroids of the uterus, which was invented by Apostoli in 1883, and which has received from all sides almost unanimous approval, was recently discussed at a meeting of the above congress, where a method was brought forward which, while claiming to be the best of all, also affirms that it was new, because it was based upon the use of medium intensities, extra-uterine action and changing of the current. Apostoli vigorously opposed this pretention. 1st. The method proposed by Drs. Championniere and Danion, is by no means new, and is nothing more than the exact reproduction of old methods, which were tried, and for the most part abandoned. First of all, Apostoli claims the priority of all medical applications of electricity surpassing a current strength of 50 miliamperes. (C. Thesis of Carlet, July, '84.) During two years he employed exclusively current strength between 40 and 70 miliamperes. Since then he has deemed it advisable to increase the dose, not in a blind or exclusive manner, as they would wrongly make him to say, but rationally and progressively, according to the nature of the case.

The intensity should be lessened in cases of uterine or peri-uterine intolerance (diseases of the appendages); it should be increased in all grave forms of hemorrhage, or endometritis.

In the second place, Aime, Martin and Cheron were the first (in 1879) to propose the extra-uterine action of the current either on the cervix or in the vagina, and they were the first to use either reversing or interruptions of the galvanic current. Meoritz Benedikt, of Vienna, also employed reversing of the current previous to Drs. Championniere and Danion.

The method recommended by Drs. Championniere and Danion is not as effective as the treatment known as Apostoli's method.

(A) Because it does not lay down the arms of the surgeons, who continue to castrate and to perform hysterectomy.

(B) Because they choose their cases, employing electricity on elderly women and on those who are not very ill, and operating on young women.

(C) Because they admit failures which require surgical intervention.

(D) Because their treatment is always in the vagina and outside of the uterus, thus preventing them from applying the benefits of the treatment of the concomitant endometritis.

(E) Because a relapse nearly always occurs unless the treatment is constantly kept up.

(F) Because they do not even pretend to remove inflammatory perimetritic exudations.

(G) Because the addition of iodio-sodic waters, which is part of their treatment, shows that their electricity alone is not sufficient to effect a cure.

(H) Because they have never observed any tangible reduction in the size of a fibroid under their treatment.

In opposition to these affirmations, of Dr. L. Championniere, which are based on only seven months of use and eleven observations, Apostoli offers his method, which is already seven years old, and which has received the approval of nearly all who have tried it, and which includes a total in France and abroad of several thousand observations.

1st. His method is harmless and always easily borne, when his directions are carried out, the few cases of death having all been due to errors of diagnosis, tumors of the appendages having been mistaken for fibroids, and treated electrically. His method is the most efficacious, because it claims to be of itself sufficient for the treatment of fibroids, in which case it has in most cases supplanted the use of the knife.

2nd. Because it does not choose its cases, but benefits all, both old and young, with varying results, however.

3rd. Because failure with it is the exception in fibroids which are simple and not fibro-cystic, and which are not complicated with diseases of the appendages.

4th. Because it makes use of vaginal galvanic punctures, either alone or in conjunction with intra-uterine applications, which are necessary in endometritis.

5th. Because with it a relapse is the exception, and the beneficial results are for the most part permanent, provided that the treatment has been continued for a sufficiently long period.

6th. Because it embraces within its sphere of action, under different formulas of intensity and various localizations, a treatment for fibroids endometritis, metritis and a great many cases of salpingo-ovariitis.

7th. Because it dispenses with all other methods of treatment, not even requiring the aid of chloride of sodium waters.

8th. Because it produces an anatomical reduction in the size of fibroids, although it is only partial, but not total.

Progress of Science.

COCAINE FOR IRRITABLE GUMS.

R. Cocainæ gr. ij.
Aque 3j.—M.

This is an excellent remedy, when applied to the gums, when there is much irritability.—*Walker.*

TREATMENT OF PHLEGMASIA DOLENS.

R. Extract of opium, extract of belladonna, extract of hyoscyamus, extract of hemlock, of each 3 parts; vaseline, 30 parts. This ointment to be applied along the course of the inflamed vein.—*L'Union Medicale.—Medical News.*

CEPHALIC SNUFF FOR CORYZA.

R. Morphine muriat., gr. i j.
Bismuth, subnit., 3 v j.
Pulv. accaciae. 3 i j.
M. F. pulv. (Ferrier.)

MOUTH WASH.

The following wash for shrinking the gums is given by various French journals of pharmacy: Tannic acid, 8 gm.; tr. iodine, 5 gm.; iodide potass., 1 gm.; tr. myrrh, 5 gm.; rose-water, 200 gm.; mix. A teaspoonful in a third of a tumbler of water.—*Canada Lancet.*

PURGATIVE PILL.

R. Pulv. aloes soc., gr. i j.
Pulv. ipecac, gr. ½.
Pil. hydrarg., gr. j.
Ext. hyoscyami, gr. i j.

M. F. pil. j.

Sig.—One or two pills at bed-hour. (Abernethy.)

HABITUAL CONSTIPATION.

R. Aloina,
Ext. nucis vom.,
Ferri sulph.,
Pulv. ipecac.,
Pulv. myrrhæ,
Saponis, aa gr. ½.

M. F. pil.

Sig.—One pill to be taken half an hour before last meal of the day. (Sir A. Clark.)

Or,

R. Ext. cascarae s. liq., 3 i j.
Tr. nucis vom., 3 i j.
Glycerini, 3 j.
Aquam, ad. 3 iv.

M. F. mist.

Sig.—3 j. as required.

NEW REMEDY FOR PEDICULI PUBIS.

R. Salicylic acid 2 to 3 parts
Toilet vinegar 25 parts
Alcohol (eighty per cent) 75 parts

The parts are to be rubbed with a piece of flannel wet with the mixture. One application is usually sufficient.

FOR INFANT'S COLIC.

R. Ol. terebinthinae f3j.
Chloroformi gtt. x.
Sodæ bicarb. gr. x.
Mucilag. acaciae ad f3iij.

M. S.—f3j every two or three hours for a child six months old.

BEDFORD BROWN.

CHOLERA MORBUS.

This is a faithful remedy for cholera morbus, colics, etc.:

R. Spts. ether. comp.,
Spirit ammoniac arom.,
Chloroformi, aa equal parts. M.

Dose—Teaspoonful every half hour, or every hour, as occasion demands, until relieved. The first dose will usually suffice.

ALCOHOLISM.

R. Tr. Capsici, f3 i j.
Tr. auranti, f3 j.
Syr. simplex, f3 j.

M.—Sig.—A teaspoonful in a little water before meals or when depressed. Half a teaspoonful if it disagrees.

J. J. S. DOHERTY, M.D.

Thompsonville, Conn.

CARLSBAD SALT (SUBSTITUTE FOR.)

R. Sodii sulph., 3 j.
Sodii chloridi,
Sodii bicarb., aa 3 ½.

M. F. pulv.

Sig.—Take in half a tumblerful of tepid water.

—*Canada Lancet.*

MIXTURE FOR PYROSIS.

R. Bismuth carb., 3 i j.
Magnesii carb. levis., 3 j.
Pulv. tragac. ver., gr. xx.
Aq. flor. aurantii,
Syr. flor. aurantii, aa 3 i j.
Aquam, ad. 3 vj.

M. F. Mist.

Sig.—Three or four teaspoonfuls three times daily, after meals. (Squire.)

AMENORRHŒA.

- Leeches to cervix.
 R. Pil aloes et myrrhæ, ʒ i j.
 Ferri sulph. axaic., ʒ i j.
 M. Ft. Pill no. 20. Sig.—One t. i. d.
 R. Decocti aloes co.
 Mist ferri co., āā f ʒ i j.
 M. Sig.—A tablespoonful t. i. d.

ALCOHOLISM.

- R. Tr. capsici.
 Tr. nucis vomicæ, āā f ʒ ss.
 Acidi nit. dil., f ʒ j.
 Aquæ, f ʒ i j.
 M. Sig.—Teaspoonful ter die.
 R. Tr. capsici, f ʒ i j.
 Sig.—One half teaspoonful every third hour
 in half ounce of water (in bad cases of tremens).

ANTIPYRIN IN URTICARIA.

According to M. Nicot there are two forms of urticaria. (1) That which is continually associated with temporary or permanent disorders of the digestive or hepatic functions, for which alkalies should be prescribed, such as arsenic and bicarbonate of soda, together with dietetic treatment, and the prohibition of all stimulating foods. (2) That which is entirely of nervous origin, and in which highly successful results can be obtained by the use of antipyrin.—*Medical Press*.

ACNE INDURATA.

- R. Sulphur iodidi.
 Ungt. simplicis.
 M.—Ft. ungt. et Sig.—Apply t. i. d.
 R. Alkalies and arsenic.
 R. Lac. sulphur., ʒ i j.
 Glycerinæ, f ʒ i j.
 Potass. carb., ʒ i j.
 Ungt. benzeoti, ʒ i j.
 M.—Ft. ungt. et Sig.—Apply to space of 5
 cent piece every night.
 R. Tr. Ferri, gtt. xx. t. i. d.

PILLS FOR SPASMODIC VOMITING
(V. AUDHOUL)

- R. Ext. nucis vomicæ, gr. xv
 Ext. belladonnæ.
 Ext. opii, āā gr. iij
 M. et ft. pil. no. xx.

In anæmic women with dyspepsia and spasmodic vomiting, and also uterine catarrh, one or two pills, or even more, are to be given in the evening upon retiring. Twice a day, at about

11 a.m. and 7 p.m., 30 or 40 drops of tinct. ferri. tartar are to be given in water. A vaginal douche morning and evening; an alkaline bath once a week.—*L'Union Med.—Deutsche Medizinal Zeitung*.

TONSILITIS.

The following has been a very useful gargle in the treatment of tonsilitis, and is highly recommended by Dr. John Aulde:

- R. Tr. guaiac. ammoniat.
 Tr. cinchon. comp. āā ʒiv
 Potass. chloras. ʒij
 Mel. desp. ʒiv
 Pulv. acaciæ, q. s.
 Aquam, q. s. ad ʒiv
 M. Sig. Use as a gargle, and take a teaspoonful every two hours.—*Med. Register*.

MENTHOL IN ASTHMA.

Dr. Jores mentions in the *Therapeutische Monatshefte*, that he has employed menthol with success in asthma. The patient was a woman who had asthmatic attacks, for which all the usual remedies had proved unsuccessful. Jores then resorted to menthol, a twenty-per-cent solution in olive oil. While before its use there were crackling and rattling râles heard in the lungs, the whole attack disappeared after a few inhalations, and auscultation showed that respiration was entirely normal, the heart-beat unchanged, the pulse full and strong. The patient said that she frequently felt in her head as though she had inhaled chloroform. Since its first employment the remedy has proved promptly successful in all attacks.

ON THE DIURETIC PROPERTIES OF
LACTOSE.

Milk has long been recognized as one of our most reliable diuretics, frequently proving successful in causing diuresis when the therapeutical arsenal had been exhausted in vain. No serious investigation, however, seems to have been made into the relative value of the various constituents of milk in bringing about this result. As far back as 1879 M. C. Richet demonstrated that lactose, saccharose and glucose possessed diuretic properties, by a series of experiments carried out on animals. Since then M. Germain See has turned his attention to the subject, and has shown that the diuretic action of milk sugar exceeds that of milk *per se*, and never fails to produce the desired effect. M. Desjardin-Beaumetz has verified his observations, and adds that glucose, which has the advantage of being perfectly soluble in water, promptly causes an abundant diuresis.—*Med. Press and Circular*.

NASAL ORIGIN OF SPASM OF THE GLOTTIS.

Dr. Ruault concludes (*Medical News*): (1) Certain lesions of the mucous membrane of the nasal fossæ may provoke reflex spasm of the glottis, so serious as to demand tracheotomy. (2) These attacks may continue for years, and yield quickly to treatment of the nasal affection on which they have depended. (3) Hysterical females are the most frequent subjects, although both sexes, infants as well as adults, may be affected. (4) Bronchial spasm may co-exist, and also affections of the voice. (5) Prognosis is favorable, the case being recognized. (6) The treatment of the attack consists in the application of cocaine, the administration of chloroform, and tracheotomy, if necessary. (7) Treatment of the affection consists in the treatment of the nasal abnormality.

INHALATION OF IODIDE OF MERCURY IN TUBERCULOSIS OF THE LUNGS.

Drs. Miguel and Rueff, after prolonged observation, have reported favorably on this method of treating phthisis. One part of biniodide of mercury, and one part of iodide of potassium are dissolved in one thousand parts of distilled water, and this solution is employed in the form of a spray; at first, only once daily, and later, when the patients have become accustomed to it, twice daily. In cases where the irritation was excessive, the solution was diluted to one-half its strength without deteriorating from the germicidal powers. One of the chief conditions of success is to prolong the treatment, and this can be done for a year or more without evil effect to the patient.—*Therapeutic Gazette*.

QUININE IN LABOR.

Dr. Strock, of Camden, New York, read an article before his County Medical Society on this subject. He strongly urges the use of quinine as a substitute for ergot and other remedies in cases of simple uterine inertia. He gives this drug in 15 grain doses, and prefers it to other remedies, as it not only increases the force of the uterine contractions, but stimulates the patient so that she is capable of renewed and greater exertion in assisting in the propulsion of the child. In primiparæ he considers it good practice to give a dose of quinine early in labor, as by this means the process is materially shortened without endangering the mother or child. He believes that quinine has not so marked an action as ergot upon the circular fibres of the uterus, and hence may be given in rigid os, while the latter would be contra-indicated as the increased contraction of the circular fibres in the cervix would offer a further resistance to the passage of the child.—*Med. Register*.

EFFECTS OF PROLONGED CHLOROFORM ANÆSTHESIA.

Some observations made about two years ago by Dr. Ungar pointed to fatty degeneration of the heart and liver as the cause of death after repeated prolonged administration of chloroform. Further experiments on dogs have recently been made by Dr. Strassman, which appear to confirm this view. Dr. Strassman found that the first organ to be affected was the liver, then the heart, and after that other viscera. The nature of the morbid change was not a fatty degeneration, but fatty infiltration. The actual cause of death in fatal cases appeared to be the cardiac affection, as in all such a very marked degree of change was found in the heart. In non-fatal cases the morbid change was found to have disappeared in a few weeks' time. When morphia was given previously to the chloroform, less of the latter was required, and consequently the changes produced were not so considerable as when the ordinary amount was given. Animals suffering from hunger, loss of blood, &c., were especially predisposed to the morbid changes due to chloroform.—*Lancet*.

DIAGNOSIS OF TUBERCULAR TUMORS OF THE PONS.

Dr. J. Magee Finny, in reporting a case of tubercular tumor of the pons, in the *Dublin Journal of Medical Science*, summarizes the symptoms as follows, and thinks that to a large extent they may be taken as typical of tumor of the pons: Incomplete paralysis of motion and sensation of the right arm and l.g. with a loss of muscular sense; paralysis of the left side of the face (alternate or crossed paralysis); conjugated lateral deviation of the eyes to the right side, with paralysis of the left sixth nerve, and associated paralysis of the right third nerve supplying the internal rectus; slight optic neuritis of the left eye; unsteadiness of gait and weakness of the right leg, and a tendency to totter backward; paralysis of expulsive power in bladder and rectum; a fortnight later, bulbar paralysis, involving the tongue, lips and pharynx was added, and with it a sensory paralysis of the right side of the face; and still later on, double optic neuritis of much intensity; paralysis of respiration; convulsions and coma.

CHARACTERISTICS OF THE LATE SYPHILIDES.

Dr. Henry W. Blanc, in a communication to the *St. Louis Medical and Surgical Journal*, May, 1887, expresses the opinion that the cutaneous lesion of long-standing syphilis is a local one, confined to narrow limits on the surface, and it consists either in a tubercular

deposit or the result of it—an undermined ulcer. These deposits, and consequently their resulting ulcers, he says, are generally arranged in groups, reniform or crescentic, and seem always about to form a ringed or circular patch, though the rule is that they fall short of doing so. Frequently several of these crescentic patches are seen close together, and their arrangement presents the outline of an incomplete circle or eclipse.

Viewed attentively the syphilitic lesion is seen to be a series of tubercles placed side by side, or separated by short spaces, and it is to the existence of these separate deposits that the scalloped edge of the syphilitic plaque owes its existence.

IODOFORM IN CEREBRO-SPINAL MENINGITIS.

In the Tchernigov weekly *Zemsky Vrach*, No. 10, 1889, p. 151, Dr. G. Levitsky, of Vostrovskaja, calls attention to excellent effects in cerebro spinal meningitis obtained from the internal administration of iodoform, given in the form of two-grain pills, three times a day. He reports a striking case, that of a woman suffering with an exceedingly severe form of the disease, in which, after all other means had utterly failed, the administration of the drug was almost immediately followed by a steady improvement. On the third day of the treatment contractures of the right, and on the fifth of the left, upper limb disappeared; by the end of the fourth week the patient was practically well. The drug was therefore discontinued. A relapse, however, rapidly followed, but yielded at once to another course of iodoform; a complete and permanent recovery taking place ultimately. In all, *one ounce* of iodoform was taken in the course of two months. No untoward accessory effects were ever observed.

MELON-SEED BODIES IN JOINTS AND TENDON-SHEATHS.

Considerable light has recently been thrown by Schuchardt (Medical News) on the mode of production of these bodies. They either consist really of altered portions of the lining membrane of the walls of the cavity itself in which they are contained, or they are developed in connection with the tendon sheaths, while a careful examination of them shows that coagulated fibrin does not really enter into their composition. In more than one instance the living membrane of the joint was found to be covered with a viscid substance more or less laminated in character, and here and there already causing adhesions to take place between the opposing surfaces of the joints. These glutinous masses appear to be composed of partially "necrosed" portions of the joint wall, which, instead of passing away, re-

main connected with the wall, and likewise become attached to one another. The movements of the surfaces of the joints upon each other then cause these bodies to drop into the joints, where they lie loose, as melon-seed bodies, and if the joint is in a fairly healthy condition they may be evacuated and leave behind a good and useful joint. —*Med. Standard.*

MORBID CHANGES IN DIABETES.

Dr. P. Ferraro, who has made several researches on the subject of the changes produced in the different organs of the body by diabetes, has recently published the results of similar investigations in a fresh case, the eighth of the series. The arteries were affected with chronic endarteritis; in the lung: there were morbid changes not due to bacilli; in the stomach and intestines the mucous membrane was atrophied; the pancreas was transformed into a firm, compact mass of fibrous or cicatricial character; in the parenchyma of the liver and the spleen pulp there were also signs of atrophy. Here, therefore, as in the other cases examined, the digestive organs were most of them affected to a greater or less extent, while the nervous system was not apparently the subject of any morbid changes. Dr. Ferraro considers the exhaustive study of the morbid histological changes in diabetes very important, and believes that we shall not arrive at any definite conclusion as to the etiology of this disease until our knowledge of the conditions under which sugar is formed and distributed in the body in a state of health is very much further advanced than it is at present. —*Lancet*, April 20, 1889.

PAPOID IN DIPHTHERIA.

Dr. M. F. Cuthbert, M.D., of Washington, D.C., reports, in the *American Journal of Obstetrics*, three cases of diphtheria, in which he applied papoid to the infected area of the throat, and gave of course other treatment. He expresses doubt whether papoid played any part in the removal of the membrane. He adds: "We may have marked local lesions without any prominent local symptoms being complained of; so long as there is the slightest quantity of membrane remaining upon the throat we have reason to fear that fresh deposits may occur. The clinical thermometer is not of any great practical value in diphtheria. It is of far more importance to have a close supervision of the pulse. Of the great value of alcoholic stimulants in these cases there can be no doubt, and the earlier we begin their use the better will our results be. If we were limited to the use of any one agent in the treatment of this disease, alcohol would, I believe, be the most useful one we could select. A moderate dose of that much-abused drug—but none the less valuable for all

that—calomel, given at the commencement of the disease, will go far toward keeping the digestion in good condition. The demand for a free administration of nourishing food in these cases is imperative, and next to milk, a liberal supply of beef juice will best fill this want. Whether papoid be a solvent of membrane or not, I believe it to have two good effects when applied to the throat in a case of diphtheria: 1. It relieves pain, seeming to act more or less as a local anæsthetic. 2. It prevents or destroys the offensive odor so common in these cases."

ETIOLOGY OF CHOREA.

Rheumatism has much to do with it. In 100 cases of chorea in children, analyzed with reference to the etiology, by Dr. Sturges (*Lancet*), rheumatism has occurred in 60 cases, either in the individual or the parent. Chorea has two distinct phases. It is first a disorder of the mind, and afterwards a disorder of the body. In its earlier stage it needs moral correction. Chorea is the most preventable of all diseases, and the most directly due to ignorance and neglect. The early symptoms of altered temper, disturbed sleep, inattention, impatience, are obvious enough. This early stage is often aggravated by undeserved punishment. The system of school work, which pushes children forward at a uniform rate, is a fruitful source of chorea.—*Archives of Pediatrics*.

THE BROMIDES IN EPILEPSY.

Dr. Moritz Gauster, whose extensive experience in the treatment of this disease enables him to speak authoritatively, concludes as follows: (1) The bromide treatment in epilepsy is the most successful, particularly in idiopathic cases. (2) As a rule, the bromides must be administered for years, the dose in each individual case being regulated by observation. (3) By careful observation of the condition of patients, as much as 20 grammes can be given daily without manifest injury. (4) The bromides must be suspended or supplanted by other agents. (a) When digestive disturbances supervene; when slight they are of no consequence, and generally disappear, notwithstanding their continued use; (b) when catarrh of the pulmonary apices can be detected; (c) when ulceration of the skin or any cutaneous complication exists. (5) Involvement of the intelligence does not indicate a discontinuance of the bromides. (6) Pulmonary tuberculosis, severe cutaneous lesions and grave nutritive disturbances alone forbid the bromide therapy. When combating the attacks of epilepsy this is not of such vital importance as preventing the supervention of severe psychoses. (7) Emaciation is no contraindication, as the weight may increase when sufficient nutritive elements are ingested. (8)

During the treatment attention must be directed to the nutrition, and at intervals to the lungs and skin.—*Wiener medicin Presse*.

TURPENTINE IN POST-PARTUM HEMORRHAGE.

"For some years," writes a correspondent, "I have used spirits of turpentine in post-partum hemorrhage, and, in every case, with the best results. When the ordinary means, i. e., friction over the uterus, irritation of the uterus by introduction of the fingers, cold, hypodermic injection of ergotine, etc., failed, by saturating a piece of lint with the turpentine, and introducing it with my hand into the uterus and holding it against the walls, rapid contraction took place, and all hemorrhage instantly ceased. In one or two cases, when the patient was almost pulseless, it seemed to act as a stimulant. On no occasion did its action fail, nor did it cause the slightest inconvenience, except in one, when the side of the patient's thigh was slightly blistered by some that came in contact with it, but it gave very little annoyance. I consider it to be much quicker and safer in its action than any other remedy; it does not cause any injurious result, and besides, it is much more easily applied. In country practice, getting hot water, or using injections often entails loss of valuable time.—*Lancet*.

A SIMPLE INHALER.

Dr. Ernest E. Maddox gives the following useful suggestion for making a simple inhaler, in the *Practitioner*, May, 1889. In it such remedies as compound tincture of benzoin, menthol, and oil of eucalyptus may be used:

"Coil a piece of paper into the shape of a cigarette, and fix it with gum. Then insert into one end a small uncompressed piece of absorbent cotton-wool, upon which a drop or two of the desired medicament has been poured. Air is now drawn through the tube by the patient, who holds the other end between his lips. This plan is by many patients, especially by men, preferred to the use of any form of respirator, or to inhalations mingled with steam. These last, moreover, have a relaxing effect in some atonic conditions of the throat."

Of a number of remedies, including menthol, inhaled in this way by a patient suffering from pulmonary phthisis, he found that oil of peppermint gave most satisfaction. A small tube of vulcanite flattened like a cigarette-holder at one end, with a raised flange or border to be held within the lips, would doubtless, he says, answer still better; but an inhaler, which when needed can be made on the spot, has advantages of its own.

VERTIGO FROM CONSTIPATION.

Persons who are accustomed to have a regular action of the bowels every morning are usually affected with giddiness or vertigo, or with a sense of faintness, if the natural habit be, by any accident, omitted. The reason is a very simple one, and is purely mechanical. The regular habit causes the rectum to be loaded with feces, and when the rectum is loaded there is pressure on the surrounding veins. But, as I have shown by direct experiment, the cerebro-spinal fluid finds its way into the venous circulation by the inferior vena cava and the common iliac veins. When, therefore, there is pressure, causing impediment to the venous circulation of the pelvis, there is at once an interference with the process of escape of the cerebro-spinal fluid, and pressure upon the whole of the cord, up to the cerebrum itself.

The form of constipation here referred to is the rectum, and must not be confounded with constipation due to accumulation or inaction in the colon. Vertigo with constipation, and with the patient connecting the uneasy cerebral symptoms with the constipation, is an indication that the rectum is loaded, and that relief will follow from a brisk aloetic purge.—RICHARDSON, *College and Clinical Record*.

ANTISEPTIC IRRIGATION OF THE KNEE-JOINT FOR CHRONIC SYNOVITIS.

Maurice H. Richardson reports three cases of chronic synovitis successfully treated by antiseptic irrigation of the knee-joint. The procedure is described as follows: under ether a large aspirating needle is introduced into the knee-joint on the outer side, just above the patella. The effused liquid is removed and a like amount of a 5 per cent. solution of carbolic acid is injected. This is in turn exhausted. The limb is then placed upon a posterior splint, the wound dressed antiseptically, and a cure effected in from two to four weeks. Dr. Richardson remarks: Many such operations have been done abroad, especially in Germany, with marked success. The ordinary treatment, by compression with or without aspiration, rest, splints and so on, has rarely been productive of a cure, or even of lasting benefit. Although the immediate effects of the treatment by irrigation are good, it is too soon to say that there has been a permanent cure. It is, however, safe to say that we may expect a permanent cure if we continue this treatment, and make use of repeated aspirations should fluid reappear. It is important to use a needle of considerable size, because of coagulation and precipitation of the albumen in the joint fluid by the carbolic acid. The best point to introduce the needle is through the fibres of the vastus externus, on the outer side, just above

the patella. While the procedure is very simple, it should not be employed indiscriminately, nor until ordinary means have failed, and then only with the greatest care, especially as to cleanliness and asepsis.—*Boston Medical and Surgical Journal*.

A NEW SYMPTOM OF PERICARDITIS.

In some cases the diagnosis of effusion into the pericardium is difficult; and a symptom, first noticed by Bamberger, is said to be constantly present, and aids materially in arriving at a correct conclusion. Puis, in the *Wiener Med. Woch.*, has again attracted attention to the point. By percussion of the patient in a sitting position, or when lying on the right side, there is a muffled tympanitic resonance or diminished resonance over the left side of the thorax behind, extending downward from the angle of the scapula; and at the place of greatest loss of resonance there is a distinct bronchial breathing and bronchophony, with increased vocal fremitus. If the patient is made to bend forward, a portion of the dullness completely disappears, another portion becomes tympanitic, and no bronchial breathing is heard. This change is more marked still if the patient assumes the knee-elbow position. The physical signs observed are ascribed to compression of the lower lobe of the left lung by the fluid in the pericardium, and are found in young adults with chests which are elongated or narrowed antero-posteriorly. The presence of pneumonia or pleuritis is contra-indicated by the alteration of the physical signs when the position of the patient is changed.—*Brit. Med. Jour.*

RENAL COMPLICATIONS IN WHOOPING COUGH.

Some time ago Dr. Stefano Mircoli pointed out that he had several times observed renal complications in whooping-cough. Thus, on one occasion, among ten children suffering from the disease, nephritis occurred in two cases, one of which died. The necropsy left no doubt as to the existence of the renal affection. During another outbreak, among thirty-five cases nephritis developed in four. Two of these died, and in one a post-mortem examination was made. The kidneys were examined microscopically, and were seen to be in a condition of severe parenchymatous nephritis. No micro-organisms could be seen. Recently Dr. Mircoli has brought forward additional evidence on the subject. In a recent epidemic at Monterubbiano, of twenty-four patients, three died, one from suppression of urine, another from suffocation in a paroxysm of coughing, and a third from marasmus. In the two latter cases, although during life there were no symptoms of renal affection, on post-mortem examination venous stasis in the kidneys

with commencing albuminuria was found. There was also a considerable amount of hemorrhagic infiltration. Cultures of the kidney tissues gave negative results. Dr. Mircoli believes that the renal affection is due to venous stasis caused by obstruction of the vena cava through the violent paroxysms of coughing. According to him the kidney is affected, in whooping cough, in 12 per cent. of cases occurring in children.—*London Medical Recorder*.

ICE WATER.

In the opinion of the editor of *The Sanitary Volunteer*, the official organ of the New Hampshire Board of Health, there is a great deal of sentiment and many opinions, regarding the use of ice-water, that vanish when the light of reason and experience is turned upon them. The fact is, that ice-water, drank slowly and in moderate quantities, is a healthful and invigorating drink. There is no doubt that ice is a great sanitary agent, and every family ought to be provided with it during the warmer months of the year. It is true that the inordinate use of ice-water, or its use under some special conditions and circumstances, is attended with great danger; so is the improper use of any other drink or food. The assumption that iced water is dangerous, and that iced tea, or iced coffee, or iced lemonade is a harmless substitute, is simply a delusion. As the source of danger feared by some is the degree of cold, we fail to see clearly how flavor modifies the effect of temperature. There are some individuals, undoubtedly, who cannot drink ice-water without injury, and who ought never to use it, but to a great majority of persons it is refreshing and healthful. Its use, temperate and discreet, is in no way to be condemned, which cannot be said of some of its substitutes.—*Science*, June 28, 1889.

TREATMENT OF NÆVUS.

In the *Archives of Pediatrics*, June, 1889, Dr. Holgate, of Bellevue Hospital, New York City, recommends treating nævus by the use of alcohol by injection and by encircling the nævus with a metallic ring. The ring is such as any ingenious person can make by bending the end of a knitting-needle, and is applied round the nævus with sufficient pressure to cut off the circulation, and limit the action of the alcohol. It is held in place for a few minutes until the alcohol has had time to produce the desired shrinking of the vessels. From five to ten minims of ninety-five per cent. alcohol are injected in one spot, and the injections are repeated as the size and character of the nævus demands.

In treating nævus of large dimensions, more than one injection could be given at the same sitting, or at short intervals of time in different

parts of it; the absorption in one part could be taking place while another part was being prepared, bearing in mind the effect of alcohol upon the system. This method has the advantage of being easy of application, and there are few practitioners who are not possessed of all the material needed; if not, it is readily procurable, and with ordinary care it will not, Dr. Holgate thinks, prove dangerous. Of course care must be used that the syringe is perfectly void of air before injecting the agent.

SULPHUR IN THE TREATMENT OF SCIATICA

Bouvard, himself a sufferer from obstinate sciatica, *a frigore* since six months, narrates in the *Revue de Therap.*, April 15, 1889, the results obtained in his person by enveloping the affected limb in a thick layer of flowers of sulphur. The morning following his first application he remarked a distinct increase in the pain, and consequently functional impotence of the limb; but three days later, not daunted by his experience, he tried it again. This time his courage was rewarded by marked relief, and a week later all that remained of the sciatica was a slight "sleepiness" of the limb. This, however, disappeared entirely after a third application. The local irritation caused by the sulphur was practically nil, but he remarked a very powerful and disagreeable odor of sulphuretted hydrogen from the skin and urine. Ten days after the cure of the sciatica an acneiform eruption made its appearance on the forehead and temples, and in three days the whole face was covered, and the skin over the body itched and smarted. This symptom, however, completely disappeared at the end of eight days. He then made another application of sulphur, in order to test its relationship with the eruption, and, surely enough, the eruption reappeared at the end of a week, and, though less severe, was longer in subsiding.—*London Med. Recorder*.

ON THE INFLUENCE OF PERMANGANATE OF POTASSIUM ON MENSTRUATION.

Prof. Stephenson gives, in an interesting article, the results obtained from a series of observations extending over a period of three years upon the value of potassium permanganate in menstrual diseases. During this time he has collected one hundred and five cases in which reliable results were obtained. In his investigations he exhibited the drug in the form of a pill containing two grains of permanganate in sufficient kaolin ointment, one pill to be taken after meals. In a few cases this dose was doubled. In stating the results obtained he says: "It is evident that in the permanganate of potassium we have a remedy which has a con-

siderable influence upon the function of menstruation when that function is deranged. In the matter of time, it tends to promote the normal periodicity both when the periods are too long and when too soon. It aids in restoring the menstrual flow when suppressed, to increase it when scanty, and to moderate it, when in excess. It relieves much of the menstrual suffering, has a direct influence on some forms of ovarian pain and the headaches of menstrual origin. It has a remarkable influence in checking leucorrhœa."

In conclusion, he infers that the direct action of the drug is upon the vaso-motor center, especially those regulating the generative system.—*British Med. Jour.*

IODOFORM IN CHRONIC METRITIS.

Drs. Roux and Schnell speak favorably of the influence of iodoform in this disease, and mention the following as its advantages over curetting: (1) It is more easily accepted by the patient. Curetting is a surgical operation, and the very word frightens many patients who will submit to the most elaborate "dressings." (2) Notwithstanding the comparative safety of curetting, it is yet more fraught with danger than simple uterine catheterization and injection of the iodoform emulsion. (3) It is sometimes impossible to curette all of the diseased surface, which, on the other hand, would probably be reached by liquid injection. The superiority of iodoform to other topical applications in chronic metritis seems to be fully established by the superiority of our results over those obtained by surgeons employing other remedies. The emulsion may be of oil and iodoform, 1:3, or of glycerine and iodoform as follows:

Iodoform.....	50.0
Glycerine.....	40.0
Water.....	10.0
Gum Tragacanth.....	.3

The injection may be made by a hypodermic syringe through an elastic catheter, No. 9 or 10 (Charrière), under strict antisepsis, and should never exceed 4 c. c. (3i)—*Annales de Gynécologie.*

STROPHANTHUS AS A LOCAL ANÆSTHETIC.

Many of the drugs which are useful in the treatment of cardiac disease also possess a local anæsthetic action. There is, of course, no connection, as far as can be seen at present, between the two actions. The local anæsthetic action of erythrophleine was investigated last year by many observers; the conclusions arrived at were that, although it possessed a powerful local anæsthetic action, it causes irritation and dilatation of the conjunctiva, and in some cases even

severe inflammation. It was thus much inferior to cocaine, whose action is accompanied by a constriction of vessels and consequent pallor of the part. Helleborin, the glucoside from the Christmas rose, is also a local anæsthetic and cardiac tonic; one fortieth of a grain in solution placed on a conjunctiva of rabbit causes complete anæsthesia in fifteen minutes, and there is at the same time no interference with the movements of the pupil and no dilatation of vessels. The action of this glucoside is therefore like that of the alkaloid cocaine; but it has not yet come into general use. Steinach has lately shown that strophanthus seeds contain a body not identical with strophanthia, which when placed on the conjunctiva produces in twenty-five to thirty minutes complete anæsthesia, lasting from two to twelve hours. There are no great signs of irritation, but if applied to the eye of man it causes a slight feeling of burning, with a passing hyperemia of the conjunctiva. This condition may pass on to cloudiness of the cornea in animals. The local anæsthetic action of strophanthus is, therefore, chiefly of pharmacological interest, like that of erythrophleine. Cocaine still holds its own when judiciously employed.—*Brit. Med. Review.*

WASHING OUT THE BLADDER.

In a recent work by Dr. J. M. Lavaux, he strongly recommends the practice of washing out the bladder by means of hydrostatic pressure, instead of by the action of a syringe. The plan he adopts is similar to that used in what is well known in this country as the "fountain syringe."

He employs a reservoir fixed at a certain height above the patient, and connected by india-rubber tubing, not with a catheter, but with a metallic tube only three centimetres (about an inch) long. The tube fits into a conical perforated india-rubber obturator, which is introduced within the urethral orifice. The stream of water is then turned on, and, a force sufficient to overcome the "inter-urethral" sphincter being employed, the fluid passes on into the bladder. As soon as a feeling of distension is experienced by the patient, the flow is stopped, and the obturator is removed, and the patient empties the bladder by his own effort. The stream of water is regulated by means of a difference in calibre of the short urethral tubes, of which there are six sizes, the smallest having a channel of one millimetre and a third in diameter, and the largest three millimetres. The force of water flowing through each of the tubes with reservoir at a given height has been calculated and one size or another is selected according to the sensibility of the bladder and the resistance of the sphincter in each case.

This plan of injection is said to be applicable to all kinds of cystitis in both sexes, and to be

especially useful in painful forms of the affections, in which the introduction of a catheter causes so much pain and irritation. It is also equally applicable for maintaining an aseptic condition of the urinary passages in cases of operation, the essential condition in any case being that the patient should be able to empty the bladder voluntarily. The solutions used by Dr. Lavaux usually contain boric acid or nitrate of silver, varying in strength according to the case. The use of these medicated solutions is preceded or followed by injection of a solution of cocaine whenever the use of that drug is indicated.

Those of our readers who have never adopted this method of introducing liquids into the bladder will be surprised, on attempting it, to find how much may be accomplished by it, and how much suffering it will spare their patients. Not only is this true, but the method offers much greater freedom from risk of septic infection than any which requires the use of a catheter.—*Med. and Surg. Reporter.*

WEAK HEART AND ITS TREATMENT.

At the meeting of the New York Neurological Society, December 4, 1888, Dr. W. A. Hammond read a paper on weak heart and its treatment. The paper referred simply to weakness of the muscular structure of the heart uncomplicated by dilatation or valvular disease. The affection, he said, is very common, and while it may be fatal in its results, it may also be relieved entirely by treatment, which can be resolved into medicinal, gymnastic, and dietetic. Digitalis is the main medicinal remedy. The author has never observed the so-called cumulative effects of this drug. He thinks, on the contrary, that it requires increasing doses. He administers the infusion in two-drachm doses for two weeks, then he increases the dose one-fourth, repeating the increase at the end of the second fortnight. Convallaria he considers uncertain and unreliable. Strophanthus he thinks of more value; where there is intolerance to digitalis, it may be given. Strychnine is a valuable remedy in weak heart. He prescribes a grain in an ounce of dilute phosphoric acid, ten drops three times a day. Cocaine is a valuable remedy, a fifth of a grain being given three times a day. It has been Dr. Hammond's habit to add two grains to a pint of Malaga wine, a wineglassful being used at a time. Inhalations and hypodermic injections are required often in the weak heart of disease. Hypodermically he has used brandy, digitaline in one-twentieth-grain doses, and nitrite of amyl, two drops diluted with thirty drops of glycerine. Glonoin is useful in one-hundredth-grain doses. Medication is, however, only temporarily useful. Exercise is required for the permanent relief of this con-

dition. Mounting stairs is mentioned as a convenient form of exercise. People living in the country may mount hills. The physicians could, however, be in attendance, and the exercise should be suspended when the action of the heart has accelerated fifteen beats a minute, to be resumed upon its tranquilization.

One important point in etiology has, he thinks, failed to be recognized. This is that a normal heart, under ordinary circumstances, may become a weak heart by simple increase in the general body weight. He has had personal experience upon this point. His ordinary weight is two hundred and forty pounds. When it increases to two hundred and sixty pounds, which it does about twice a year, he is troubled with weak heart. He is then accustomed to apply his own prescriptions as to diet and exercise. In this way he can reduce his weight thirty pounds in thirty days. He then again eats and drinks what he pleases. When he went up to Mackinaw last summer he had been suffering from weak heart. When he returned he could climb anywhere, and was perfectly comfortable.

The dietetic treatment of weak heart refers especially to ingested liquids, the quantity of which should be limited. By lessening the amount of liquids ingested, the total amount of blood in the body is diminished and the work of the heart lightened. In some cases Dr. Hammond has reduced the daily quantity to twelve ounces, with marked improvement within forty-eight hours. The diet is further modified so as to reduce the amount of fat if this is excessive.—*N. Y. Med. Jour.*

ON THE OPENING OF BUBOES.

The best method of opening a bubo is a matter of much greater importance than at first sight appears, and especially to the military surgeon, who has so many of them to treat. I believe that a very considerable reduction of his "constantly sick" would be the result of a procedure different from that which now prevails.

Surgeon-Major Adye-Curran, in a recent number of the *Journal*, has drawn attention to the advantages of aspiration *versus* free incision in the evacuation of suppurating buboes, and the method is, I am quite sure, a good one.

It is now some four-and-twenty years since I abandoned the free incision by which I was taught to open a bubo, a method of opening which is still very generally adopted, apparently orthodox, and perhaps in civil life, necessary. For so many years have I invariably opened a bubo by a mere puncture with a narrow-bladed bistoury, and so very well satisfied have I been with the good results, that I shall continue this practice. By adopting this method that most odious spectacle, "an open bubo," is avoided, as well as the reproach of a protracted cure;

not in all cases by any means, for sinuses will form that must be opened up, and the consequence of neglect or a vitiated state of constitution must be dealt with.

It is necessary to observe that to obtain the best results a bubo should be opened at the proper time; not too soon before a sufficiency of morbid deposit has broken down, nor too late when the vitality of the tissues may have become impaired. The experienced operator chooses the right time, which is probably a few days after the presence of pus has been diagnosed. The small opening made by the bistoury will often be found closed the following day; it may be re-opened by a blunt-pointed probe if necessary.

The puncture is much less painful than the free incision, and it of course has the advantage of leaving but a very small mark, while it has no disadvantage, as it can at any time be converted into as long an incision as may be thought necessary. I am quite certain that the opening of a bubo by a free incision, instead of by puncture, often extends the duration of a case from days to weeks, or from weeks to months. I hope, therefore, that those who condemn the free incision may have many followers, and that "open buboes" may be relegated to the opprobria of the past; at all events, so far as the deliberative action of the surgeon is concerned in their production.—*J. H. Boileau, British Medical Journal.*

TREATMENT OF CHRONIC CYSTITIS IN WOMEN.

By Hunter McGuire, M.D., Richmond, Virginia.

The successful treatment of chronic cystitis in women requires an unusual amount of patience, skill and tact on the part of the surgeon.

In the first place, functional bladder trouble has to be eliminated from true cystitis. Pain about the pubic region and pelvis generally, frequent and painful micturition, tenesmus, the sensation that the bladder is never emptied, going on day and night for weeks, producing emaciation, exhaustion, and a life of wretchedness, may be due to a variety of causes. It may be purely functional; piles, fissure of the anus, an ulcer of the rectum, or thread-worms in this organ may cause reflex bladder symptoms. Malaria may provoke vesical irritability; sometimes this happens without serious disturbance of the organs of digestion and alterations in the character of the urine; under such circumstances the only explanation that can be given is the effect of malaria on the nervous system.

We cannot help believing true vesical irritability is occasionally a pure neurosis, certainly here are cases which can be explained in no other way. As our knowledge of pathology,

however, increases, these cases of neuroses of the bladder, as well as of other organs, will become less frequent; improvement in our knowledge of that pathological changes which take place in the female urethra will surely contribute to this end. Masturbation is another source of vesical disorders; congestion of all the pelvic organs and irritation of the meatus urinarius follow its prolonged practice. Diseases of the uterus, especially of the cervix uteri, and displacements of the womb are common sources of functional vesical disorders. Pelvic abscesses and tumors frequently provoke this trouble. One of the most persistent and painful cases of functional vesical trouble that I have ever seen was in a woman, who still menstruated regularly at 47 years of age. She had constant but not very severe pain until the monthly period came on, when the pain became very severe, and morphine was freely given to relieve it. I removed, in this case, the left ovary and tube, finding upon the latter a neuromatous growth, about as big as a marble; she went home in a month entirely well.

It is pretty safe to conclude, when the urine is normal or nearly so, that the disorder is functional, and not true cystitis; again, as a rule, with of course exceptions, when a woman has to void her urine frequently, and suffers pain in the act, but is relieved when the viscus is empty; or, if she attempt to hold the water too long, spasm of the bladder comes on and the urine is involuntarily ejected in spurts, then the trouble is functional; but when there is great and prolonged tenesmus, with pain and straining after the water has all come away, as a rule there is real disease of the bladder or urethra.

The only way to treat functional bladder trouble is of course to correct, if possible, the cause. A displaced womb must be replaced and retained in its proper position; a diseased womb must be cured, rectal trouble relieved, a foreign body in the bladder removed, etc. It is of the treatment of true cystitis, chronic in character, uncomplicated by other disorders, that I wish to speak.

Generally, in chronic cystitis, the urine is loaded with phosphates, and mucopurulent matter; it is also more or less alkaline. Before any operative interference is undertaken, the urine should be normally acid; this can generally be accomplished by the free use of citric acid in the shape of lemonade, or lemon juice and water; the mineral acids act more slowly, and benzoic acid is not often well borne by the stomach, if administered for too long a period of time. I have seen the use of citric acid in one day remove a thick phosphatic crust on the edges of a vesico-vaginal fistula, or on the wound through the perineum in lateral lithotomy.

The first step in the surgical procedure is to dilate the urethra far enough to temporarily paralyze the sphincter muscle. This should be

done while the patient is under the influence of an anæsthetic. I use for dilation a three-bladed urethral speculum, and after the expansion has been continued far enough, the speculum is removed, and the finger introduced into the bladder. The dilation should be done slowly, twenty or thirty minutes being required before the process is complete; after this a short piece of drainage tube is introduced into the bladder, and the urine allowed to drip into a cup between the legs of the patient, if she lies on her back, or close to the hip if she is lying on her side. The latter is preferable, as in that position the tube is more easily retained. The tube should be introduced into the bladder only far enough to drain the organ, and the free end should be just long enough to drip the water into the cup. If too long, it will be pulled out of the bladder by its own weight. The object of the treatment is to give the bladder complete rest. The tube should be kept clean by occasionally washing or changing it. It is a good plan to wash the bladder out through the tube once or twice a day with hot water. I published an account of the treatment of obstinate chronic cystitis by drainage in 1874. Since that time I have repeatedly resorted to it, and with great success. For the last three or four years I have added dilatation of the urethra to the drainage, in the way of making physiological rest of the organ more complete. If the paralysis of the canal and sphincter pass off before the cure is effected, dilatation must be repeated.

CHLOROFORM IN OBSTETRICS.

Chloroform being the anæsthetic best adapted for obstetrics, and the one usually preferred in the vast majority of cases, the question we must ask is, What amount of danger is there from its use? The most searching inquiry upon this point is necessary, since time has strengthened in surgical experience the strongest objection ever made to obstetric anæsthesia. The highest authorities have recognized the irregularity of chloroform in full doses. A statement of the fact might seem to carry with it an abandonment of the agent. It would probably do so were it not that there is a counterpoise, an experience which can be justly termed immense. The records of that experience have been carefully searched, and every case as closely scrutinized as possible. There has been a good number of cases in which death was imputed to chloroform, but with manifest injustice. Justice and science alike demand that the remedy shall not bear the odium of causing death, unless it has been properly used under circumstances in which it alone could have been the cause of death. It is impossible to give in this article the details of the cases. In some the agent was administered by incompetent persons; in others by the patient herself. Many of them rest on

hearsay evidence; the time and place of the occurrence and names of persons are entirely lacking. In some cases a severe complication of labor was present, such as convulsions or placenta previa, which frequently alone is a cause of death. Until quite recently it could be truthfully said that not a single death had ever taken place under chloroform in labor when it was administered by a competent person. There are many circumstances attending parturition which tend to ward off or prevent danger from the administration of chloroform. Sex is one of these; the records of death from this agent show nearly two men to one woman. The recumbent position of labor is an element of safety. Emotion is eliminated as a factor. Many deaths under anæsthetics have been, without doubt, purely emotional. The suffering woman accepts relief more than willingly; she has no dread of its means. A far stronger element of safety lies in the slow and gradual administration during labor. The danger of a strong impression of chloroform, and of the rapid inhalation of air highly charged with its vapor, was early pointed out; the warning has often been repeated since; yet many deaths from this cause have occurred, and patients have been exposed to danger in this way, as has been seen even in obstetrics. But so few have been the accidents in obstetrical practice compared with the vast number of patients submitted to anæsthesia, both in natural and operative labor, that these points alone have not seemed satisfactory, and attempts have been made to find in some condition of the parturient woman a special course of safety. Campbell makes a strong plea for the efforts attending labor as the safeguard. The condition of anæsthesia is one of cerebral anæmia; expulsive efforts tend to counteract this. But anæsthesia is something more than anæmia of the brain, and effort is exerted during but a small portion of labor. A better argument may be made for the existence of pain as the element of safety. The record of chloroform mortality shows a very large proportion of deaths among those about to undergo an operation and during operations of a trifling character. A careful study of the subject of accidents from chloroform during parturition justifies the following statements:

1. But one well-authenticated case of death is on record where the administration was by a medical man, and in that case no necropsy was made.
2. Dangerous symptoms have occurred but a very few times, and then almost always from the violation of the rules of proper administration.
3. The danger when chloroform is used only to the extent of mitigation or abolition of suffering of childbirth is perfectly *nil*; when carried to the surgical degree for obstetric operations the danger is far below what it is in surgery.

4. No proof can be furnished that the parturient woman enjoys a special immunity from the dangers of anæsthetics, although facts seem to indicate that such exists. Her best safeguard lies in the care and watchfulness of the administrator.

The effects of chloroform upon the contractions of the uterus require brief notice. It has been maintained by much diverse testimony that by chloroform the uterine contractions are not affected, that they are augmented, that they are diminished, and that they are suppressed. Authorities of equal standing could be quoted in support of each of these propositions. The first attempt must be to explain such wide differences of opinion based upon observation of facts, and then to give judgment according to the weight of evidence and the character of the observers. This explanation of such varied and opposite testimony is not difficult in view of the varying circumstances under which, and the individual peculiarities of those to whom, anæsthetics are administered. (1) A temporary cessation of pains upon commencing inhalation was early observed, and by Simpson, Channing, Siebold and others was recognized as temporary. It is doubtless largely due to emotional elements, which a little encouragement and time suffice to cause its disappearance; but there can be no doubt that this has by some observers been considered permanent and caused an adverse judgment of the process. (2) Anæsthesia is much more frequently followed by diminution or cessation of the pains in the early stage of labor than later, when reflex actions are powerfully excited by the descending head. (3) The effect upon the pains will vary according to the depth to which the anæsthetic action is carried. This depends upon the ascending and progressive action of the agents upon the nervous system. If analgesia alone is caused, the uterine contractions are not interfered with; carried deeper, they are diminished in force; and in narcosis they may be entirely suspended. No one who has attempted a difficult version without and with anæsthetics could doubt their power over the uterine contractions. (4) There can be no doubt of the existence of individual peculiarities in this respect. In certain cases small doses will so affect the pains as to compel the abandonment of chloroform. (5) Prolongation of administration, if carried at all beyond the stage of analgesia, has a tendency to weaken the force of the pains and lengthen the intervals between them. Under these varying circumstances it is not surprising that there has not been harmony of opinion among observers. It is a singular fact that very strong testimony as to non-interference of chloroform with the efficiency of the pains has been rendered by strenuous opponents of its administration in normal labor and by men who have observed it carried to the surgical degree for operations,

such as severe forceps deliveries and repeated cephalotripsies. Both Depaul and Pajot are positive that chloroform does not exercise any influence upon uterine contractions. A careful review of all the testimony together with an estimate of its value, based upon the amount of experience and character of those who render it, leads to the following conclusions:

1. The action of chloroform upon the uterine contractions may vary according to the period of labor and the peculiarities of the patient, and especially with the degree to which anæsthesia is carried.

2. A temporary diminution or cessation of uterine action is not at all infrequent. Occasionally, however, chloroform permanently abolishes the pains.

3. Obstetric anæsthesia or analgesia has no effect, as a rule, upon the uterine contractions.

4. In surgical anæsthesia the energy, frequency and duration of the contractions may be, and generally are, lessened; in deep narcosis uterine action is in abeyance.

5. Upon withdrawal of the anæsthetic, and with the disappearance of the anæsthetic effect, the uterus promptly resumes its functions.

6. The tendency of the agent is then toward causing a diminution of uterine action, and this tendency should be kept constantly in mind by the accoucheur.

Influence in Promoting Hemorrhage after Delivery. An inquiry as to the influence of chloroform upon the contraction and retraction of the uterus immediately after delivery is closely allied to one as to its effect during labor. That authorities should differ widely upon this point is not surprising when the difficulties which attend a clinical study of it are considered. Hemorrhage is not an infrequent sequel of labor, and it is evident that the *post hoc* and the *proctor hoc* are easily confounded. Blot says, "It has seemed to me that the quantity of blood lost immediately after delivery has been somewhat (*un peu plus*) more abundant than usual." Cazeaux gives but a doubting affirmative answer to the question whether chloroform favors hemorrhage. Both Hall Davis and Edis state their belief that anæsthesia has a tendency to favor *post partum* hemorrhage. If these expressions are ambiguous, they clearly show that the question is not an easy one even to one of large experience. However diverse opinions may be upon this question, the practitioner may do well to bear in mind in practice the tendency of the agent he is using—Dr. F. W. Allright, *London Lancet*.

Lustgarten treats eczema of the arms and genitalia with a salve composed of oleate of cocaine 40 parts, olive oil 200 parts, and lanolin 1,000. Rub in well twice daily.

TYPICAL CASES ILLUSTRATING THE ADVANTAGES OF THE USE OF NITRATE OF SILVER IN THE DEEP URETHRA.

Case I.—E. S., aged 28, single, called upon me in March, 1888, suffering from hæmaturia, frequent micturition, pains in the glans penis, and marked prostration. He stated that he had had a severe attack of gonorrhœa six months ago, which was accompanied by an acute cystitis, which confined him to bed for several weeks.

For the past four months he has been obliged to pass water every twenty minutes during the day, and from six to eight times during the night. A slight hemorrhage always occurred at the close of each act of urination, and not infrequently the entire amount of urine passed would be so deeply colored as to resemble pure blood. The pain in the glans penis was often so severe as to cause the patient to violently squeeze the part to deaden the exquisite sensitiveness.

He had been treated by several physicians of prominence, and had been the inmate of at least two hospitals. The diagnoses which had been made at different times were cystitis, vesical calculus, tumor of the bladder, and tubercular ulceration.

The circumference of the penis was three inches, the meatus admitted a 24 F., urethra was free to 30 F. from bulb to meatus. The deep urethra was excessively tender and bled freely after the passage of the sound. The urine was cloudy, alkaline, had a specific gravity of 1024, and contained one-fourth per cent. of albumen. The sediment consisted of pus, a few urethral epithelial cells, and crystals. The first specimen examined contained small urethral casts of blood, the second a large amount of blood and pus. Examination for stone proved negative. The diagnosis of granular prostatic urethritis was made, although the presence of a new growth could not be excluded until a satisfactory cystoscopic examination had been made.

The treatment consisted in absolute rest, the internal administration of boracic acid in five grain doses four times daily, and the use of a solution of nitrate of silver in the deep urethra by means of an Ultzmann's syringe. The strength of the solution at the beginning was $2\frac{1}{2}$ grains to the ounce, which was increased by $2\frac{1}{2}$ grains at each application. This treatment was repeated every second day.

After the third or fourth injection the hemorrhage entirely ceased, and the intervals of urination were increased from twenty minutes to four hours. The urine became clearer and acid in reaction. This treatment was continued until six applications had been made. One week later his meatus was dilated to 30 F., and a 30 F. steel sound passed to his bladder every third

day for two weeks. The patient has since been in perfect health.

Case II.—L. H., aged 18, suffered in the third week of his first attack of gonorrhœa from symptoms of so-called cystitis. He had painful and frequent urination and often passed blood at the close of the act. On one occasion he passed a membranous cast of the deep urethra, and several times small fragments of mucous membrane. His treatment for some days had consisted in washing out the bladder and the internal administration of morphine and boric acid.

This case was seen in consultation by Dr. F. N. Otis, who advised the immediate injection of a five grain to the ounce solution of nitrate of silver into the deep urethra and the use of a morphine and belladonna suppository—the injection to be repeated on the following day.

The relief was immediate and permanent. Before the injections were used the urine had been passed involuntarily by spasmodic muscular effort every five to ten minutes, each expulsion being accompanied by great pain. On the following day he was able to hold his urine for one or two hours, and after the second injection the urine was retained from three to five hours, and its passage was not attended with pain. There has since been no recurrence of his symptoms.

Case III.—P. H., aged 45, single, gave no history of venereal disease. He had indulged in masturbation and sexual excesses in early life. He complained of a "weak bladder and backache," and was compelled to urinate from twenty to twenty-five times in the twenty-four hours. Duration of these symptoms sixteen years. The patient states that he has been unable to work for the past two years. He has been treated by many physicians and at several hospitals, without obtaining relief. Examination of the urine showed it to be clear, of a specific gravity of 1020, and free from albumen, sugar or pus.

The circumference of the penis was $3\frac{1}{2}$ inches, the meatus admitted a 32 F., the urethra was free to 36 F., from bulb to meatus, and a 32 F. passed into the bladder. There was marked tenderness in the deep urethra.

An injection of silver nitrate, five grains to the ounce, was made in the deep urethra. Two days later the patient reported that he had urinated but six times during the past twenty-four hours. Another injection of silver, eight grains to the ounce, was now made, after which he passed his urine only four times in the twenty-four hours. He also stated that the pain and weakness with which he had been troubled had entirely disappeared.

The urine was examined and found to be normal. The circumference of the penis measured $3\frac{1}{2}$ inches. The meatus admitted a 28 F., the urethra was free to a 32 F., from bulb to

meatus. The deep urethra was very tender, and the passing of the sound caused a "peculiar weakness."

The meatus was divided to 32 F., after which deep urethral injections of nitrate of silver were used three times a week, beginning with a solution of $2\frac{1}{2}$ grains to the ounce, and increasing until fifteen to twenty grains were reached. A 32 F. sound was afterwards passed once a week to the bladder. In two months he reported that he was able to have connection two or three times a week; and aside from a slight relapse, which was caused by an attempt to pass a sound on himself, he has since remained well—now about one year.

Two weeks later he was able to hold his urine from four to six hours during the day, and was obliged to rise but once at night.

Case IV.—F. B., aged 36, had contracted gonorrhoea in early life. He had been married several years. During the past two years he had noticed a gradual failure of his sexual power, and for the past four months had been unable to have connection with his wife, owing to the entire absence of erections of sexual desire.

During the past three years it has been my privilege to employ deep urethral injections of nitrate of silver upon upwards of 200 cases of genito-urinary disease. The symptoms for which this treatment was undertaken have been chiefly those of disturbances, more or less marked, of the function of urination, such as frequency, pain, hemorrhage, etc., or of the sexual function, such as frequent nocturnal emissions, persistent priapism, genuine spermatorrhoea, diminution or annihilation of the sexual function. It has also been employed for the treatment of chronic urethral discharges.

The success which has attended the method of treatment has varied considerably, not only in the different classes of cases, but also in individual cases of the same class, in which the symptoms, from a clinical point of view at least, appeared to be identical. This variation I believe to be due to the degree to which the symptoms were occasioned by lesions in the deep urethra. These lesions may be the result of inflammation, new growth, or simply of an abnormal peripheral hyperæsthesia of that portion of the nervous system which is concerned in the operation of these functions.

In case IV, the impotence complained of by the patient was undoubtedly due to local troubles in the deep urethra, and therefore yielded to the treatment employed. In the majority of these cases, however, the symptoms are not occasioned by a lesion of the deep urethra, but are rather due to nervous exhaustion, the result of prolonged sexual excesses, and are consequently not relieved by local treatment.

It is, moreover, often impossible to determine

the degree to which the symptoms depend upon local lesions, except by the results of treatment. The four cases whose history has been briefly outlined above were selected as affording examples of the class of cases in which the best results might be expected by the employment of this method. They also illustrate the promptness with which symptoms, often of the greatest severity, will yield to therapeutic measures. In general terms it may be stated that the acuter the symptoms the more prompt will be the relief. I have no hesitation in saying that no method of treatment has, in my hands, proved so universally successful in the so-called "cystitis" occurring in the course of an acute gonorrhoea (which in reality is only an extension of the inflammation to the deeper portions of the urethra.) I have frequently seen such an attack aborted by a single injection. In the inflammatory conditions, as in cases III and IV, relief, though less prompt, is often striking. This class comprises a large number of cases, including various conditions of irritation, which have been described by Civiale under the name of neuralgia of the vesical neck, and also the numerous conditions comprised under the term sexual neurasthenia.

There are other conditions which often show marked improvement when treated by this method, among which may be mentioned prostatorrhoea, recurring epididymitis, reflected neuralgias, chiefly those affecting the branches of the genito-crural nerve, and the irritation often presented in senile enlargement of the prostate. Brilliant results are occasionally obtained in the treatment of these affections, but in a large majority of such cases the relief is uncertain and often but temporary.—Geo. E. Brewer, M.D., in *International Journal of Surgery*.

A FEW PRACTICAL REMARKS ON CONTINUED SLIGHT FEVER.

By William Pepper, M.D., LL.D., Provost, and Professor of the Theory and Practice of Medicine, University of Pennsylvania.

The use of the clinical thermometer in acute disease is universal, and the value of its indications for diagnosis, prognosis and treatment is universally appreciated. But there is reason to think that in chronic disease its use is far from being as general as it should be. Reference is not made now to cases which are accompanied by marked pyrexia, such as those of phthisis, where of course the thermometer is daily used by all.

There are many cases of failure of general health attended with decided weakness and gradual loss of flesh and color, but without sufficiently marked local symptoms or evident febrile action to justify the considerable disturbance of general health. Such cases naturally give rise to the suspicion of some incipient deep seated organic disease. In many of them

it will be found that the temperature, taken at various times in the day, exhibits abnormalities, showing that there is a slight febrile action which contributes largely to the injurious effects upon the general health. The only local symptoms to be detected in such cases may be a slight looseness of the bowels, due to some limited intestinal catarrh; or a slight local tenderness scarcely complained of by the patient, due to some local congestion or irritation. Or, again, there may be only vague pains which suggest a rheumatic element.

For instance, I was consulted last winter by a gentleman, 62 years of age, who had been for five months gradually losing strength and flesh despite careful treatment by a skilful physician. There was marked rapidity of heart action, the pulse constantly being 100 or upward. I found that his temperature rose at some part of each day from 99 2-5 to 100 3-5, and, on inquiry, I learned that each day for a year there had been semi-solid or even less consistent evacuations, at times amounting to two or three in the course of the day, a condition of things which he viewed with great complacency, and had never complained of to his physician. He was a very active business man, taking a great deal of exercise, and exposing himself considerably in driving about. The recognition of this febrile element, evidently symptomatic of an intestinal catarrh, which in his overtaxed and sensitive state of health induced the slight fever, led me to confine him to bed, and to restrict his diet, and to use remedies directed to the relief of the intestinal condition. He took for some time a pill of nitrate of silver gr. 1-5, and extract of opium gr. 1-10, thrice daily, with an injection of sulphate of zinc gr. $\frac{1}{2}$ in an ounce of water, and with the addition of deodorized laudanum, from 5 to 12 drops, according to the degree of looseness shown by the first movement in the morning. Improvement gradually followed, the temperature after some weeks descended to normal, and the pulse-rate came down with it, and he has regained good health.

In another case which I have just seen, a young man of 35, has for six or seven years been in poor health, obliging him to spend the winters in Florida, and to abandon his profitable business in the West. His habits are rigidly careful and proper. He has been repeatedly examined by various physicians without any sufficient cause being detected for the weakness and loss of flesh; he formerly weighed 155 pounds, his present weight is 131 pounds. At no time has any lesion of the lungs been found, nor has there been any cough, though naturally fears of incipient disease have been entertained. The circulation has been constantly excited, the heart's action easily accelerated, and some shortness of breath produced by exertion. He has already noticed that on some occasions he would have sub-normal temperature in the evening. I

found his morning temperature 99 2-5 to 99 4-5; at 2 p.m., 99 3-5 to 100; at 7, 8, 9 and 10 p.m., 97 2-5 to 97 3-5. It was manifest that this was an abnormally wide range of temperature, with a maximum, it is true, not very much above the normal, but still, when taken in connection with the sub-normal minimum, showing a distinct, though slight, febrile movement. Careful examination of every organ revealed nothing abnormal, until the region of the gall bladder was reached. Here there was tenderness and circumscribed dulness on percussion, probably showing distention of the gall bladder, and a catarrhal state of the gall ducts and duodenum. There can, I think, be little doubt, that this irritative condition has been maintained for a long time, and having been associated with a slow pyrexia, has gradually produced the serious effects upon his general health above described. It is difficult to say why, in some cases, such slight lesions induce fever, when, in many instances, this would be entirely wanting. There must be a wide difference in the susceptibility of individuals to febrile action, due possibly either to the different degrees of facility with which their vital chemistry is disturbed, and irritating ptomaines are developed, or with which irritating organisms or substances from without gain entrance in spite of the resisting power of their protoplasm.

Another interesting case presented itself at the University Hospital a few days ago in the person of a man aged 40, who had been a hard drinker, and of course much and often exposed. He complained of weakness, was easily put out of breath, and had pains about the left shoulder, scapula, and pectoral region. The bowels were disposed to be loose. The temperature was 100 at noon. Of course the suspicion of a walking case of typhoid fever was entertained, but careful examination showed no confirmatory symptoms. The condition had then lasted apparently for six weeks, and a week later when he returned, his digestion was in much better condition; there were still pains about the left shoulder, with stiffness of that joint, and his temperature was 100 1-10. A week later he returned relieved of the pains, with his digestion in good condition, but still with a temperature of 100 5-10. The circulation throughout had been excited, and during my examination the pulse was quick and irritable, and from 124 to 130 to the minute; the radials felt somewhat hard; the first sound of the heart was blurred, but without distinct murmur. The result of a careful examination of all other parts of the body was negative, as throwing light on the cause of fever. It seems highly probable that in this case an irritative action which may possibly be called rheumatoid in type, has been affecting the fibrous tissues, but I suspect especially involving the walls of the vessels, that a diffuse endarteritis is threatened. We

know how frequently arterial changes develop gradually in those subjected to such causes as this has been, and we constantly recognize the lesions when they have advanced to a high degree, and when of course they are irremediable. But there is an incipient forming stage, when the vascular changes are neither extensive nor profound. They are not yet associated with those secondary degenerative changes of sclerotic type which we later recognize, not only in the vessels, but equally in the cardiac walls and in the kidneys. It is true that the diagnosis is based chiefly upon exclusion and upon presumptive evidence. When, however, there are such symptoms as were present in this case—slight continuous elevation of temperature, disproportionate excitement of the circulation; alteration in vascular tension; fugitive and radiating pains; weakness; dyspnoea on effort; occurring in a patient of gouty diathesis, or in one who has been much exposed, or addicted to alcoholic excess; and when critical search fails to reveal any adequate local lesion, it is justifiable to suspect an early stage of diffuse endarteritis. I have much pleasure in this connection in referring to a highly valuable and suggestive paper upon this subject by Dr. Arthur V. Meigs.*

I have long been in the habit of looking out for the existence of this condition in cases analogous to the one here reported; and not only have I been led to suspect its presence, but I believe that by the institution of prompt, rigid, and long-continued treatment, the development and course of the disease have been powerfully modified. If I could gain control of this man I should confine him strictly to bed until all fever had been absent continuously for some time, in the hope that if this were attained, the excitement of the circulation would subside, and that his impaired general health would be improved, if not restored to its former tone. If complete rest in bed were not attainable, the most rigid and minute enforcement of hygienic rules should be insisted upon. I should advise the application of repeated small blisters over the præcordia, the aortic area, and the course of the large arteries. When practicable, the use of hot sulphur baths is of service, or interrupted courses of mercurial inunctions may be prescribed. Internally the most useful remedies are:

R. Sodii salicylatis	3 ss.
Potassi iodidi	3 ij.
Tr. aconiti radialis	gtt. lxxij.
Aquæ cinnamomi	q.s. ad f 3 vj.
S. From one to two teaspoonfuls in	M.
water three times daily.	

or else a prolonged course of small doses of Donovan's solution (liq. arsenici et hydrargyri iodidi, gtt. ij.—v. t. d., p. c. in water) with aconite or veratrum; or, after the process has lasted some time and the vascular tension is lessened with digitalis.

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MONTREAL, JANUARY, 1899.

A HAPPY NEW YEAR.

With this number of the RECORD we begin another year, and, according to custom, we wish for our readers that it may be a prosperous one. The winter has so far been a very unhealthy one, and those of the profession who have not been themselves laid up have been kept unusually busy. Many of the younger men just beginning will no doubt obtain a good start in practice owing to the general demand for hard working doctors, which so much sickness must cause. We trust that the doctors may all continue to be busy, and that under their skilful treatment all their patients will speedily recover. When our readers have no time to read long articles, they can turn to the pages of the RECORD and see at a glance just what is going on in the progress of medical science; our aim always having been to furnish the greatest possible amount of information in the smallest possible space.

THE INFLUENZA.

About the beginning of December telegrams from Russia informed us that many of the citizens of St. Petersburg were suffering from a disease which has so often started in that country that it has been

called the Russian sickness. It was sudden in its onset, very painful while it lasted, but generally of short duration, and was sufficiently fatal, to more than double the ordinary death rate of the cities which it visited. In Italy, where it generally arrives in about a week after its appearance in Russia, it received the title of influenza, owing to the mysterious manner in which it was transmitted, apparently by the air. The French have given it the most suggestive title, that of "la grippe," on account of the seizing or squeezing character of the pain which accompanies it. It travelled steadily westward at the rate of about four hundred miles a day, until the whole of Europe was affected, and then it reached the British Isles. About the middle of December it was observed in mid-Atlantic, attacking the passengers on the ocean steamers. About the 27th December it reached Halifax, and a day later New York, and a few hours later Montreal, and so on, steadily westward. It was thought that as soon as the mild, slushy weather should change to biting frost the force of the disease would be checked, but this has not been the case. Although we have had several days of intense cold in Montreal, on two occasions since it first made its appearance, the number of cases continued about the same. That it is an epidemic disease there seems to be no doubt whatever, some observers finding a resemblance between it and cerebro spinal meningitis. The intense pain in the head and back, causing the movement of the eyes to be dreaded, bears this opinion out. Others have compared it to rheumatism, on account of the intense pain in the joints and muscles of the limbs. It frequently ends up with the symptoms of a severe cold, and leaves the patient prostrated far beyond what might be expected from the short duration of the fever. The favorite method of treatment has been to clean out the bowels with calomel and salines, or cathartics; then to relieve the fever with ten grain doses of

antipyrin, antifebrin or phenacetin, and as soon as that has been done to give five grains of quinine three times a day until tinnitus aurium begins. As far as we can learn, no one has died from the disease, but as many have been treating themselves with fifteen-grain doses of antipyrin several times a day, it is possible that some have died from the treatment. The great increase in the death rate, however, has been mostly due to the complications of bronchitis and pneumonia—chiefly the latter—one of our confreres having fifteen cases of pneumonia in his private practice at the same time. Owing to the weak condition in which the influenza leaves the heart, the pneumonia has been tolerably fatal. One peculiarity about "The Grip," as it is called here, is that it is no respecter of persons; kings and peasants, doctors and patients, are alike attacked. In fact, it seems to have a preference for the wealthy, the first to succumb in this city being the residents of the upper parts of the town—the upper ten thousand, so to speak. Many of the leading physicians have been incapacitated for duty during several weeks, while some were even reported to be dead.

STATE CONTROL OF MEDICAL SCHOOLS.

At the opening at McGill College of the winter session it fell to the lot of the popular Professor of Clinical Medicine, Dr. "Dick" McDonnell, to deliver the introductory lecture. The principal part of the discourse was devoted to a criticism of the Provincial Medical Board, which is the governing body of the profession. On some points we quite agree with him; for instance, when he points out that advertising quacks can come from a foreign country and start practice here, duping and swindling the public in the most barefaced manner without the authorities saying a word to them, and yet the young practitioner, who is supposed to be protected by the college, is forbidden by etiquette to even

put his name and address in the papers. Besides these travelling abominations, who take away about \$30,000 of fees from the honest practitioners of Montreal alone per annum, there are several wealthy unqualified practitioners established here for many years who have acquired fortunes by their illegal trade. When a little province like Nova Scotia was able last year to heavily fine and expel these pirates, it seems strange that our own Provincial Board has been able to do so little towards protecting the profession and the public. It is true they only charge us \$2.00 a year, but if that is not sufficient for the purpose of enforcing the law, or of getting better laws, let them charge us more. We also agree with the lecturer in the matter of didactic lectures on certain subjects, such as anatomy and chemistry, the time devoted to which would be with much better advantage directed to practical work in the dissecting room and laboratory. But when he tells them that they must blame the Provincial Board for the four long and weary years of hard study, he may, we fear, have led them into the error of thinking that the course of studies is altogether too long and too severe. About the only good thing the "College" has done has been to raise the standard of preliminary education and to keep the profession from being over-run with half-educated young men. But what annoys the lecturer most of all is the presence of state officials or assessors at the examinations, who, he maintains, have more need of being examined than the students themselves. As the assessors must not be professors in any school, they are chosen from the general profession of the province, and are, of course, apt to be rusty on special subjects. But their presence at an examination is a guarantee that there will be no underhand work, and as they are nearly always men of large experience or practice they can form a very good opinion whether a candidate is grossly unfit to receive a license or not. We have good reason for

believing that since the Provincial Board has been doing even this little, no grossly incompetent men have received a degree or license to practice. Personally we have never had reason to feel anything but pleasure at the presence of the assessors when we were examining. We hope the Provincial Board will keep on raising the standard of the profession in this province so that it may never become so overcrowded as it is in England, where medical men have to resort to the most distressing expedients in order to gain a bare living. Dr. McDonnell also complained very bitterly that after his college has graduated forty or fifty medical men a year, the Medical Board of the little province of British Columbia, with thirty thousand inhabitants has the power to prevent the whole fifty doctors starting practice out there. Now, it is no part of the duty of the professors of a school to find honorable livings for its graduates after they have left its halls. Professors, as a rule, don't care how crowded the profession is as long as they get the fees. But, on the other hand, it is the first duty of the profession to protect itself against the disastrous competition which the schools would inflict upon it if the latter were not under state control; the only machinery the profession has at present for this purpose is the Provincial Medical Boards, which have the power of saying how crowded they will allow its ranks to become. As we believe no one is more anxious than he to see the status of the profession kept up, and as the object of his attack on the salutary provincial boards may only have been to say something that would please the students, we should not, perhaps, take him too literally as meaning what he said. Great Britain and Ireland are far behind us in this respect, and many of the United States are only now following our example. So that we hope that our esteemed confrere will, on reflection, see that it is better for a few professors to loose a few dollars of fees than that thous-

ands of educated gentlemen should be reduced to penury through overcrowded competition.

BOOK NOTICES.

DISORDERED DIGESTION AND DYSPEPSIA. By Frank Woodbury, A.M., M.D., Fellow of the College of Physicians of Philadelphia; Honorary Professor of Clinical Medicine in the Medico-Chirurgical College of Philadelphia, etc., etc., 12 mo. paper. (Physician's Leisure Library Series). Geo. S. Davis, publisher, Detroit, Mich., 1889. Price—Paper, 25 cents; cloth, 50 cents.

Our knowledge of the chemistry of the digestive process has been materially advanced in the last few years, and this little work comprising Digestion and its disorders, symptoms and forms of Dyspepsia, treatment of Dyspepsia and dietetic hints for Dyspeptics will prove of interest and value to any reader.

ON THE TREATMENT OF THE MORPHINE HABIT. By Dr. Albrecht Erlenmeyer. Translated from the German. Detroit, Mich.: Geo. S. Davis. 1889.

The difficulty of properly treating the morphine habit has led to the devising of many methods, the introduction of many so-called antidotes, and the founding of many institutions. Probably no author is better prepared to advise on the subject than is Prof. Erlenmeyer. The little work under consideration being one of the Leisure Library series, is but a single chapter of the complete work of its author, which appeared in 1883, a second edition being required in 1887.

The author prefers the "rapid" method of removing the drug from the patient, as distinguished from the "sudden" and the "gradual." The greater part of the treatment, and the more important part, is that of the period of convalescence. The entire course, according to his method, requires six weeks.

The translator, Dr. E. P. Hurd, of Newburyport, Mass., tells us that "The aim of this little volume, in fact, is to give a plain, concise, and practical presentation of the therapy of morphinism, according to Erlenmeyer's teachings." A chapter is included which gives his method of treating the cocaine habit.

SYNOPSIS OF HUMAN ANATOMY, BEING A COMPLETE COMPEND OF ANATOMY, including the anatomy of the viscera and numerous tables. By James K. Young, M.D., Instructor in Orthopaedic Surgery and Assistant Demonstrator of Surgery in the University of Pennsylvania; Attending Orthopaedic Surgeon Out-patient Department University Hospital; Fellow of the College of Physicians, etc., etc. Philadelphia and London: F. A. Davis, Publisher 1889.

This book belongs to the Physicians' and Students' Ready Reference Series, and its object is to furnish a concise though complete synopsis of human anatomy for the use of students of medicine and others. It is built upon Gray's Anatomy as a standard, but many other authors, as Leidy, Quain, Allen, Holden and Klein, are liberally consulted; while on special subjects Lusk, Spiegelberg, Savage, Schroeder, Budin, Treve's "Surgical Applied Anatomy" and the "American System of Dentistry," are freely used. Particular regard has

been paid to the sections on the viscera, special senses, vascular system, and surgical anatomy. The aim throughout has been to make it thoroughly complete and accurate, at the same time readily accessible for reference or study. The author has succeeded admirably in his purpose. Attention should be directed to an annexed table of the cranial nerves, giving in convenient form their name, superficial origin, deep origin, exit, division, distribution, termination and function. This will be a valuable aid in acquiring an accurate and definite knowledge of this difficult portion of a difficult study.

INEBRIETY, ITS ETIOLOGY, PATHOLOGY, TREATMENT AND JURISPRUDENCE. By Norman Kerr, M.D., F.L.S., Fellow of the Medical Society of London; President, Society for the Study of Inebriety, Chairman, British Medical Association Inebriates' Legislative Committee; Consulting Physician, Dalrymple Home for the treatment of Inebriates; Corresponding member Medico-Legal Society of New York; corresponding Secretary American Association for the Cure of Inebriates. Second edition. London: H. K. Lewis, 136 Gower street, W. C., 1889.

It will at once be apparent from the title that Dr. Kerr in this production takes the ground that inebriety is a *disease*. Not that an intemperate use of alcoholics has the effect to produce a congested stomach, a nutmeg liver, degenerated kidneys, fatty heart, shrunken brain, for all these results no pathologist will deny but that inebriety is, *per se*, a departure from health in the form of some obscure condition of the nervous system, which craves for the temporary relief afforded by stimulants or narcotics,—a functional neurotic disease, allied to insanity, and often seen in families prone to neuralgia, hysteria, chorea, "hay fever," sick headache, epilepsy, neurasthenia and other similar ailments. The condition he terms *narcomania*. Assuming at the beginning, then, that inebriety is a disease, amenable to the laws of prevention and cure, he proceeds with a great deal of logic to prove the correctness of his assumption, and carries his subject as he would do in treating of any other disease, through the various departments of etiology, pathology, treatment, etc., not omitting to deal with its most important characteristic, the medico-legal aspect. Whether or not Dr. Kerr's position is the correct one, is too large to be discussed here. It may be regarded at the present time as *sub judice*. But this work has done, and is doing, much to awaken the medical mind in this direction. No more momentous question engages the minds of every nation to-day than the one of inebriety. It answers for crimes, wretched homes, and miseries innumerable. Every effort so far to stay its progress, or put it under control has proven utterly futile. It may be that we have always been wrong, and that Dr. Kerr is right. If the medical world will take hold of the matter and successfully cope with it, the greatest boon will be bestowed upon humanity everywhere. We hope every physician will read this work and then act.

PERSONAL.

Dr. Bache McE. Emmett and Dr. Horace T. Hanks have been appointed surgeons to the Woman's Hospital, New York, vice Dr. Jas. B. Hunter, deceased, and Dr. C. C. Lee, resigned.

The Canada Medical Record

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Original Communications.

REPORT OF NINE CASES OF HYSTERECTOMY FOR UTERINE FIBROIDS.

NEW METHOD OF TREATING PEDICLE. BY E. H. TRENHOLME, M. D.

Case 1.—Miss B., Brantford, Ont., aged 33. Fibro-cyst of uterus; a large amount of pus escaped by vagina a month before operation, which was made 12th June, 1874. Tumor was 16 lbs., and removed with body of uterus; stump was clamped and secured by pins and ligatures. There were many points of hemorrhage in the abdominal cavity, and about 50 hemp ligatures were needed to prevent bleeding. Patient made a slow but good recovery, and returned to her home at the end of the week; health completely restored, and continues well up to present time (15 years).

Case 2.—Mrs. C., Montreal, aged 55. Tumor filled pelvic cavity and prevented action of bowels and bladder; weight of tumor and uterus, 4 lbs. Removed it 17th November, 1877, by ecraseur; ligated and dropped pedicle back. Death from shock at 68th hour.

Case 3.—Miss K., aged 37. One large and two smaller uterine fibroids removed on March 19, 1883; ligated and returned pedicle. Did well for some days, but death followed from exhaustion on 5th day due to uncontrollable vomiting.

Case 4.—Mrs. L., Levis, aged 42; 24th September, 1885. Tumor, 5 lbs. Had removed

ovaries and tubes for menorrhagia and hemorrhagia in January, 1876, which gave perfect relief up to spring of 1885, when, through over exertion, bleeding returned and uterus began to grow rapidly and was removed by the V incision and pedicle returned. Recovery was so far assured that, owing to some controversy with nurses, &c., she left the hospital and returned to Levis on 21st day after operation. Health perfect up to present time (15 years).

Case 5.—Mrs. L., Ont., aged 33. Large fibroid on the left side, smaller ones on right partly packed in the pelvis, 8th February, 1886. Removed 15 lb tumor by V incision; returned pedicle. Hemorrhage and death from shock seven hours afterwards.

Case 6.—July 12, 1886, Miss E. A. Large fibroid, weight not noted; split open tumor with long amputating knife; enucleated fibroids and formed walls of uterus into flap, which were brought together and secured by a clamp. Death from shock in 37 hours.

Case 7.—Mrs. G., Buffalo, U.S., aged 42. Size of tumor not noted. Divided tumor, as in last case, enucleated it, and formed a pedicle of the flaps of the sutured walls; secured pedicle outside by clamp. Patient did fairly well for 11 days, but died on 12th day from exhaustion.

Case 8.—Mrs. G. T., West Wickham, Que., 28 years; tumor 14 lbs. Operation, 2nd March, 1889. Used hemp for the snare, and after removal of fibroid and uterus at inner os, left the snare in situ. Hemorrhage from stump three hours

later was controlled by a slight increase of the constricting force. Ecraseur was removed on fifth day, but ligature around the pedicle not disturbed. Recovery good and returned home on 28th April. Recovery perfect; able to work, &c.

Case 9.—Miss V. B., 28 years, Ont. Fibrocyst. 11 lbs. Operation 23rd October, 1889. The hempen snare was used as in the last case and left for five days in like manner; a drainage tube was used for 50 hours on account of some bleeding points where the anterior surface of the tumor was adherent to the walls of the abdomen. Uterus was enclosed in the ligature above inner os, and separated by knife about centre of body. Recovery rapid and perfect. Left for her friends in the city on 20th day, walking down stairs and out to the carriage. After some weeks spent here she returned to her home in Ontario, and has been well since.

These nine cases are all my operations for fibroid and fibrocystic growths of the uterus. The large percentage of mortality is to me a cause of regret, as I believe the greater number, if not all, could have been saved by my present method of operation. Of the various methods employed for securing the pedicle in hysterectomies, I am thoroughly convinced that securing pedicle outside is the best. This conclusion may have some exceptions, but I have not met with a case that I would now treat otherwise. How to secure the pedicle has been the cause of much anxious thought, not only to myself, but to many others, and I think I have reached a mode of operating that, so far as I know, excels any yet known. My departure from that generally pursued in securing pedicle outside begins with the constricting agent, which, in my opinion, should not be of wire of any kind, but rather of hemp or silk, of a good large size and slightly twisted, merely enough to afford the required strength, which need not be very great, as the object sought should be merely constricting force to control hemorrhage—never to bruise or break the tissue or cause much pressure upon them or the nerves. Should hemorrhage occur, use just enough force to control it. This snare is placed along the side of abdomen and secured there by a strip of plaster, is easy of access, and need not be disturbed for five days, by which time it can be removed with safety, as the pedicle is then securely

adherent in the wound and cannot slip back. After removal of the instrument do not disturb the ligature around the stump, but leave it to act as a means of drainage for the escape of the pus which must necessarily occur from the dissolving tissue. This will save extravasation of pus into the walls of the abdomen and cellular tissue, which extravasation is frequently the cause of much after trouble. Further, this mode of securing the pedicle offers the constricted part of the neck (*i. e.*, the smallest diameter) to the fresh wound, which clamps the hour-glass constriction, whereby it is held quiet, and quickly unites with the tissues with which it is in opposition, and the deeper tissues are most favorably placed by quiet contact for rapid union. Thus all fear of retraction of the pedicle is removed, and union takes place from the depths of the wound upward, with all its consequent safety. Nor is this all; there is almost no shock—at least nothing to give anxiety, so far as my experience goes. There are no nerves lacerated or pressed upon, with their consequent pain and suffering, as must necessarily occur when pins and wire are used. The gentle pressure of the cord causing a slow death of the tissues deprived of blood, which thus slough away with little or no pain. In a word, this mode of operating is followed by results such as will please those who try it, and has yielded to me the greatest satisfaction.

Before closing, I would remark that previous to my first case in 1876, the late lamented Dr. Marion Sims reported 11 cases in the United States, with but one recovery; my own case being the twelfth, making but two saved out of the dozen operated upon. I would also say that I think Case 2 was sacrificed to the prejudice of my assistants, who dissuaded me from making the V shaped incision for removal of the uterus, an operation which I went prepared to perform. Cases 3 and 5 would most likely have been saved had I clamped the stump outside, while Case 7 was sacrificed to quarrels in the hospital, after a twelve days struggle for her life. Still another case was killed by a severe scald followed by suppuration all over the abdomen, caused by the injudicious application of a large hot sponge wrung out of boiling water saturated with a strong solution of carbolic acid. These cases have thus been most instructive, and here-

after the lessons taught will not be lost on myself or others.

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Regular Meeting, January 24, 1890.

DR. ARMSTRONG, PRESIDENT, IN THE CHAIR.

Present:—Drs. Birkett, Trenholme, Schmidt, Rattan, Foley, Jas. Stewart, Allan, Jack, W. Gardner, K. Cameron, Alex. Gardner, Reed, McGannon, F. W. Campbell, Springle, and Laphorn Smith.

After balloting for, and election of, Dr. Shanks as a member, the following pathological specimens were exhibited:

1st. Dr. W. Gardner showed a sub-mucous myoma of the uterus which he had removed on the 19th September last. The patient had been treated for years by all the palliative methods, and at last went under a three month's course of Apostoli's treatment, without stopping the bleeding. The speaker decided to remove the appendages, but on opening the abdomen he found that this was impossible, so he removed the uterus with them.

2nd. A case of soft myoma containing lymph spaces, which had given such a soft and elastic sensation to the touch that the diagnosis was very doubtful. The operation was done four weeks ago, and on opening the abdomen it was found to be a fibro-cystic tumor of the uterus, at least judging from the grown appearance.

While the first patient was under electrical treatment she had an attack of severe pain and rise of temperature, which had given him far more anxiety than did the operation for removal. The second case had not been treated by electricity, but the recovery from the operation was complicated with phthisis, which had alarmed him somewhat, although now she was practically better. In neither case were there any adhesions. In both cases he had used Tait's pins and Koeberle's *serre-neud*.

Dr. Laphorn Smith then exhibited a specimen of fibro-cystic tumor of the uterus, removed by Dr. Trenholme by abdominal hysterectomy. gave the following history of the case:

FIBRO-CYSTIC TUMOR OF UTERUS: OPERATION—RECOVERY.

Miss X., aet 27, single, was sent to me on the 17th July, '89, by Dr. Bogart, of Millbrook, Ont.

Family history good.

Previous History—At school from 5 till 17 years old. Began to menstruate at 16. Always profuse, lasting 5 days, but never painful. Always constipated. Never had a day's sickness till 4 years ago, when she had what seemed to be an attack of inflammation of the womb, for which she was attended by Dr. Turner, of Millbrook. After recovery from this she first noticed a tumor at bottom of abdomen in front. At the same time menstruation became painful. Her health failing as the tumor enlarged, she consulted Dr. McAlpine, of Lindsay, who thought she had an ovarian tumor. Some time later she consulted Dr. W. L. Smith, of Toronto, who diagnosed a fibroid. Dr. Temple, of Toronto, was then consulted, who suspended judgment pending an exploratory incision.

Present Condition—Haggard and anxious-looking. Per vaginam a solid tumor was felt continuous with the uterus and filling pelvic brim. Abdominal palpation revealed slight fluctuation in a tumor extending to umbilicus and occupying middle of abdomen. I thought it was cystic, but was not sure whether of the ovary or uterus. Consultation with Dr. Perrigo, who thought it fibroid of uterus.

Treatment.—Seventy applications in three months of the continuous galvanic current positive pole in uterus; average strength, 100 m. Result, rapid and marked improvement of general health, and measurement round tumor diminished exactly four inches in two months, while upper margin of tumor came down two inches. During third month there was no decrease in size. She was about to leave for home quite satisfied with her improved condition, when a period came on, which lasted 14 days. Towards the end of the period she suffered a sharp pain in right inguinal region, with a temperature of 101. I decided to reconsider the diagnosis, and had a consultation with Dr. Trenholme, who thought it was a cyst, possibly ovarian. We agreed to operate, which was done on 23rd Oct.

Remarks by Dr. Laphorn Smith with regard to the difficulty of diagnosis.

Difficulty of Diagnosing—It is exceedingly difficult to accurately diagnose fibro-cystic tumors of the uterus from cystic tumors of the ovary. At a recent meeting of the British Gynæcological Society no less experienced an operator than Dr. Bantock reported a case in which he said he had diagnosed fibroid of the uterus, and even after opening the uterus this view was confirmed by appearances; but on pressing it with the finger he found it fluctuating, and on tapping it he withdrew seven and a half ounces of fluid. On removal it turned out to be a fibro-cystic tumor of the ovary, having no connection with the uterus whatever. The patient was a cook, single, and 35 years of age. This case is exactly similar to the one which I reported at the meeting before last, which was successfully removed by Dr. Perrigo, and which we nearly all thought was a fibro-cystic tumor of the uterus. Dr. Werder, of Pittsburg, at a recent meeting of the Allegheny Medical Society, reported a case of fibro-cystic tumor of the uterus, which he had successfully removed, but which he was so sure was an ovarian cyst that he made no preparations for treating the uterine stump and had to improvise a clamp on the spot. "Several physicians of ability," he said, "who had examined the case before I did, had already made the same diagnosis."

Gusserow, in his book on Fibroids of the Uterus, says: "The diagnosis of these tumors has only been made in the most exceptional cases, and even then has been the result of accident rather than of correct appreciation of the symptoms. Fibro-cysts so closely resemble multilocular ovarian cysts, particularly in their fluctuation and in their location, that the frequency with which they have been mistaken for ovarian tumors is not astonishing."

Then as regards the operation, Dr. Laphorn Smith was exceedingly well pleased with the method adopted by Dr. Trenholme. He had seen Martin, of Berlin, operate several times with intra-peritoneal treatment of the stump, but he much preferred the extra-peritoneal treatment. This operation was very easy; the tumor presented in the abdominal incision, and on plunging Tait's trochar into it about 8 ounces of straw colored fluid escaped. The tumor and uterus were then dragged through the incision and the tubes and ovaries were removed in the usual way. A *serre nœud*

in which the wire was replaced by a dozen strands of shoemaker's thread soaked in pure carbolic acid was then thrown around the uterus as low down as possible, which was about the middle of the body, and gradually tightened. The tumor was then cut away about half an inch above the *serre nœud*, and the stump was sewed to the abdominal incision. A drainage tube was then introduced to the bottom of Douglas' cul de sac. No pins were used. The patient made a rapid recovery, the only contretemps being a severe hysterical attack, which occurred about three weeks after the operation, when she sat up too long and the stump seemed to have given away and sunk into the abdomen.

The A. C. E. mixture was used, and there was no nausea or vomiting afterwards.

The patient suffered a good deal from wind, which was relieved promptly by the use of salines and turpentine enemata, but no morphia was used. Three months after the operation she was doing well. An examination of the specimen revealed the cause of what was supposed to have been a prolonged menstrual period, but what was really due to the end of the platinum sound having perforated a small uterine vein. This was also the probable cause of the sharp attack of local peritonitis over a surface as large as a ten cent piece, resulting in a small band of adhesion between the tumor and the pelvic brim. This accident can be avoided by covering the tip of the sound with shellac.

Dr. Trenholme then read the paper of the evening entitled "Nine Cases of Abdominal Hysterectomy for Fibroids," which appears on another page.

Dr. Laphorn Smith congratulated Dr. Trenholme on his courage in reporting these nine cases with five deaths. He hoped that others would follow his example. We wanted more of the failures reported and fewer of the successes, so that the younger men might not be misled by the *couleur de rose* reports which we sometimes heard.

Dr. Gardner said the diagnosis between cystic myoma and ovarian cyst was sometimes extremely difficult. The more one knows about these cases the more likely is he to be in doubt. The best thing is to be prepared for anything. He congratulated Dr. Trenholme in abandoning the intra-peritoneal method which in Schroeder's hands had given a mortality of 30 per cent. He

objected to the word shock, which he thought should rather be called hemorrhage. The making of the pedicle was important, especially in tumors extending down to the cervix, in which cases the dragging of the stump on the rectum sometimes caused obstruction of the bowel. He preferred the wire to the hemp ligature. The constriction should be gradual. There was generally very little pain after these operations. He thought the pins were a source of security in case the patient should sneeze or cough or vomit; he leaves them in for ten or fifteen days until the pedicle has sloughed away. He cuts the wire at the end of the third day so as to prevent downward sloughing. In one of his cases, in which ether had been used, there was vomiting, which, he thought, was sometimes due rather to defective preparation in the way of dieting than to the anæsthetic. When there was violent vomiting he purged with calomel and soda. His own death rate was only one in ten, but he admitted that Dr. Trenholme was a pioneer in abdominal hysterectomy, and that since 1874, when Dr. Trenholme had operated on his first case, the death rate had been steadily coming down.

Dr. Trenholme, in closing the discussion, said that he did not think the pins were of any service. During the first five days, while the *serre neud* was in situ, slipping back of the pedicle was an impossibility, and by that time the adhesions were strong enough to retain the pedicle without assistance. Even suturing the pedicle to the edges of the incision was useless, and though such had been his custom, here, after he did not intend to do so. The great advantage of the hempen ligature was due to its perfect security against "post operative" hemorrhage, the means it afforded for thorough drainage of the wound and prevention of pus burrowing into the adjacent tissues, and the absence of pain and shock.

Dr. Trenholme related a case (sent in from the country) where a Hodge pessary had been allowed to remain till it had completely passed through posterior wall of the vagina and lodged in Douglas' fossa. The patient felt no inconvenience from its presence, and being in good health, no operation was attempted.

Dr. J. Leslie Foley here said: As is well known, all the ologies which go to make

up the science of medicine are related. I would like to occupy the attention of the Society for a few moments on the relation of dermatology to gynecology and obstetrics. As this is an evening especially devoted to gynecology, and there are those present specially interested in the branch, I thought it not inopportune to broach the subject. We have angioneuroses, neuroses, disorder of glands, inflammations, pigmentary, hypertrophies, vascular dystrophies produced by uterine trouble. *At puberty*, as every one knows, young girls frequently suffer from acne. Many of you, no doubt, are familiar with an acne, not distinctly pustular, which appears just before the monthly period and to which Roché has given the name of *menstrual acne*. He has found arsenic in doses of $\frac{1}{100}$ gr. beneficial. An eczema sometimes proceeds or accompanies the menstrual period, which might likewise be called *menstrual eczema*. Purpura (rare) has been found to follow menstrual derangements. Acute general eczema has been known to follow laceration of the cervix uteri, which proved rebellious to all treatment until the uterine lesion was remedied. *At the menopause* we have climateric eczema, occurring chiefly on scalp and ears; furunculosis, pruritus, acne rosacea. Pruritus occurs frequently during menstruation, and again during this period an existing acne is often worse. Intra-pelvic lesions involving the cutaneous nerves may probably account for a recurrent herpes of the genitals. In uterine and vaginal catarrh, vulvar pruritus is common and severe, and the acrid secretions often set up an eczema of the perineum and adjacent parts. Morphœa is sometimes due to uterine derangement. Hyperidrosis, bromidrosis, &c., may follow uterine or ovarian disease. Dermatalgia and hyperæsthesia may likewise follow uterine disease (hysteria). Neurotic tumefactions (œdema), erythema multiforme, erythema nodosa, urticaria particularly in the more persistent and recurrent forms often result from female sexual disturbances. Pigment hypertrophies follow uterine disease.

During pregnancy we have dermatitis gestationis. I well remember when a student at the Lying-in Hospital, then on St. Antoine street, a rare skin disease occurring in a pregnant woman, under the care of the late lamented Dr. Kennedy, which was a puzzle to all. With

clearer ideas of dermatology, I have no doubt it was a case of the above disease. Eczema may occur during pregnancy, preceding or accompanying it. We may have pruritus, chloasma, herpes, urticaria.

During lactation.—Eczema mammæ. The list of dermatoses affected by the uterus in its pregnant and non-pregnant state is not inconsiderable. I would very much like to have the experience of members on this topic.

Dr. F. W. Campbell spoke in corroboration of Dr. Foley's assertions; he had seen a great many cases of acne with irregular menstruation.

Dr. Jack thought that too much stress was laid by Dr. Foley on the relation of skin diseases and diseases of women. He thought that both classes of disease were often due to disorder of the whole system.

Regular Fortnightly Meeting, February 7, 1890.

DR. ARMSTRONG, PRESIDENT, IN THE CHAIR.

Present: Drs. W. Gardner, J. J. Gardner, Birkett, Richard McDonnell, Allan, W. Johnston, Spendlove, Kenneth Cameron, Reid, Perrigo, Shepherd, J. McDonald, Leslie Foley, Blackader, Brown, Schmidt, F. W. Campbell, C. G. Campbell, James Bell, Harry Bell, McConnell, Alloway, A. G. Stewart, A. W. Gardner, Williams and Laphorn Smith.

Dr Johnston exhibited the following pathological specimens:

1st. Aneurism of the aorta, commencing three inches above the aortic valves. The sac was large and filled with recent thrombus, the swelling was firmly adherent to the trachea down to its bifurcation, upon which it pressed sufficiently to obstruct the breathing. It also pressed on the left pneumogastric and recurrent laryngeal nerve, which appeared to be atrophied. There was stenosis of the left subclavian artery barely allowing a probe to pass.

Dr. Richard McDonnell gave the history of the case. Patient came from the House of Refuge to the hospital in October with a severe cough and trouble with his throat, for which he consulted Dr. Major, who immediately diagnosed aneurism of the aorta and sent him to me. Patient presented all the physical signs characteristic of the disease. There was contraction of the left pupil, the left pulse was obliterated, and there was a systolic *bruit* under

the clavicle with dullness extending over a space three inches by two inches wide. Breathing was difficult, and there was a brassy cough and well-marked tugging at the trachea, which were so distinct that the pulsation of the heart could be counted by merely placing a finger on the thyroid cartilage. A week ago symptoms of suffocation set in, and the day before his death he became cyanosed. In this extremity he was placed under the influence of chloroform; but this failing to give relief, was then bled, which operation, owing to its being the first of the kind which the speaker had performed was not very successful.

Dr. Shepherd—You should have called in a surgeon.

Dr. McDonnell—Or a barber.

He was relieved, however, for a short time; but another attack came on, in which he died. The speaker wished to lay particular stress on the tugging of the trachea. If there were no tugging it might be taken for granted that the transverse arch of the aorta was not affected. Showed a tracing from the sphygmograph, in which, instead of the usual sharp systolic rise, there was merely a number of waves. The iodide of potash treatment seemed to have no effect. He also showed a photograph of another patient who died a few days before the last mentioned one, and the mental impression caused by his death hastened the death of the first mentioned case. It showed a long vertical swelling on the left side of the back in the direction of the spinal muscles, and which was seen to grow from nothing up to a length of 13 inches. At first the pulsation could not be noticed by the students until the speaker had placed some postage stamps upon it, when these could be seen to rise and fall. The patients finally died from exhaustion.

Dr. Johnston remarked that the loss of pulse in the left radial was due in this case to the closure of the left subclavian rather than to the reservoir action of the dilated sac.

Dr. Shepherd asked whether Dr. McDonnell considered the unilateral swelling was due to pressure on the great sympathetic.

Dr. Laphorn Smith thought the condition of the pupil was interesting, as we knew it was controlled through the lenticular ganglion from the third and sympathetic nerves, so that when

the sympathetic was paralyzed the third nerve was unopposed and the pupil contracted.

Dr. Johnston then showed a specimen of rupture in urethra. The patient had come to the hospital suffering from retention, and the house surgeon had tried in vain to pass a soft catheter, but shortly after there was an escape of urine through a false passage. The introduction of the instrument was promptly followed by a chill and fever, and the patient died within 24 hours. He thought that this was due to septic absorption, with which Dr. Bell agreed.

Dr. Hingston said he had a curious experience with this accident, for which he could not account; namely, that in two cases in which he had passed the lithotrite many times, yet the very same instrument, passed in the very same way, had at last caused chill, fever and death. The late Dr. Campbell had narrated a similar experience. The only explanation he could give was that patients had their good days and bad days, on the latter of which their urethras could not be touched with impunity.

Dr. Shepherd could not agree with the last speaker. He thought in all cases of urethral fever there must be solution of continuity, and absorption of septic material.

Dr. Bell was of the same opinion as Dr. Shepherd, for this accident never occurs after external urethrotomy in which there were a free escape for the urine, etc. While it was very common after internal urethrotomy.

Dr. Bell showed a specimen of stricture of the urethra removed from an old man who came to the hospital suffering from retention, there being dribbling overflow from the bladder. Internal urethrotomy was performed next day, his temperature at the time being 103. The following day it became subnormal, gradually rising again the day after. Vomiting came on, which could not be controlled, and there being complete suppression of urine the patient soon died. At the autopsy there was found just such a condition of things as we might expect, from the fact that he had had difficulty in passing water for seven years; namely, hypertrophy of the bladder and chronic pyelitis of the kidney.

Dr. Bell exhibited another specimen of diseased urinary organs removed from a very old man who had died from tubercular disease of

the lungs, but who had come to the hospital with an impacted intra-capsular fracture of the femur. There was tubercular disease of the urethra and a sloughing condition of the mucous membrane of the bladder very much resembling diphtheria.

Dr. Hingston exhibited a diseased femur which he had removed by amputation at the Hotel Dieu from a man who had formerly been a patient at the General Hospital, where he had spent two months last summer under the care of Dr. Fenwick, who had removed several sequestræ. The speaker had also removed several sequestræ, but at last, at the urgent solicitation of the patient, he had amputated. On making a vertical section of the shaft the cavity was seen to be in a state of ulceration or osteo myelitis.

Dr. Shepherd exhibited a vermiform appendix containing a concretion, which he had removed from a patient of Dr. Blackader's, a boy of twelve, who had been suddenly taken ill with symptoms of disease of the appendix. He had found no difficulty in reaching the stinking pus cavity, which he had evacuated and washed out, but unfortunately vomiting had come on during the operation, and the bowels were forced out and became infected, peritonitis rapidly developing and death following in three days.

Dr. Blackader gave the history: The boy was playing hockey on the Friday and was operated on on Monday. It was curious that this was the fourth case of death from appendicitis in that family, while the mother was one of the cases of chronic peritonitis which he had reported some years ago, and who had died under the anæsthetic when about to be operated on. He thought now that hers also was a case of appendicitis. We had treated the boy on the Friday by sulphate of magnesia, which caused three motions without relief. Drs. Ross and Shepherd were called in, who decided to operate on Sunday morning, with the result as stated.

Dr. Armstrong said he had had two cases somewhat similar, the latter being a man 32 years of age, who had suffered from the influenza during convalescence of which peritonitis set in. He had already had several attacks of peritonitis during the previous year and a half. He was treated with salines and enematas, but without causing any movement of the bowels for nine days, when he was operated on. An operation being decided upon, the abdomen was

opened and a stinking abscess was found, which was evacuated, washed out and drained, and the patient's life was saved. The walls of the abscess were formed by a knuckle of intestine, and the appendix had sloughed off. The latter contained a concretion which was found to have been formed about the nucleus of two raspberry seeds.

Dr. Wm. Gardner read a paper on "Abdominal Section in Tuberculosis of the Peritoneum and Uterine Appendages," based on a report of five cases presenting a variety of symptoms and physical signs.

In the first there were the symptoms and physical signs of a large collection of fluid in the abdomen, simulating ovarian cyst. The operation revealed tubercular peritonitis with a large encysted collection of sero-purulent fluid. Great temporary relief but speedy development of cough and expectoration. Death six weeks from operation. General tuberculosis of lungs, liver and kidneys, besides the peritoneum; general matting together of intestines and pelvic viscera.

Case 2 began with acute general peritonitis, which developed into a chronic condition, in which pain, constipation and vomiting, with a nodular tumor-like mass occupying both abdomen and pelvis, persisted. Operation revealed tubercular peritonitis, with dense adhesions of coils of intestine to each other. Decided temporary relief to all the symptoms, especially pain, vomiting and constipation. Death from exhaustion six weeks from operation.

Case 3.—Pelvic symptoms following confinement; repeated attacks of inflammation. At time of operation, three years after the confinement, complete invalidism from pelvic pains, profuse, prolonged and over frequent menstruation, and a variety of reflex symptoms, with the physical signs of chronic inflammation of uterus and appendages. Operation revealed double pyosalpinx and cystic disease of one ovary, with dense adhesions. Slow convalescence from operation; steady but slow improvement fourteen months after operation. The parts removed were thickly studded with miliary tubercle; none observed elsewhere.

Case 4.—An unmarried woman, aged 22, gave a history of marked pelvic and abdominal pain, with feeble digestion, weak circulation and

much impaired nutrition, dating from a distinct attack of inflammation three years previous. No evidence of fluid in belly. Fixation of uterus; tender, fixed retro-uterine masses. Operation revealed parietal adhesions of abdominal contents; general matting together of contents of abdomen and pelvis, with universal dissemination of miliary tubercle over everything to be seen and felt through the incision. Incision closed without further interference. Recovery from operation was slow but uneventful. Four months later patient had greatly improved in every way; able to walk and drive. Appetite, digestion and sleep, good.

Case 5.—A married lady, aged 26, the mother of two full term children. Had pelvic symptoms since birth of first. Had a miscarriage on 18th August, 1889, followed by pelvic inflammation, fever and general invalidism. Symptoms on admission: Pelvic pain, especially on left side, extending to thigh; defecation painful; slight evening fever, perspirations, marked emaciation; menses at long intervals, but profuse and prolonged; abdomen not distended, but hard; uterus, retroverted, enlarged and fixed; cervix deeply lacerated and granular; to left of uterus and closely adherent, a rounded, smooth, very tender mass. Palliative treatment for six weeks, then abdominal section, which revealed conditions almost identical with the last. General adhesion of everything to be seen and felt; miliary tubercle thickly sprinkled everywhere. Incision closed without disturbing anything; recovery from operation. Patient still under observation, but much better in every way; general health and strength much improved; local condition also greatly bettered.

None of these cases had been fully diagnosed, but the condition had been stumbled upon by operation. The results have been various, as has been the experience of other operators. In some the disease had run its course with partial relief to symptoms. In others great relief and improvement of health had followed; it would be too much to say it had resulted from operation. The experience of others had shown that in some recovery was complete and permanent. The best evidence on this head was obtained from the cases simulating ovarian tumor, as in Sir Spencer Wells' case operated on in 1862, alive and well 19 years later. In those cases,

with diseases of the uterine appendages, the cases are not so old, as operations for the latter condition are comparatively modern. A number of these, however, are reported as comparatively well several years after operation. If the theory held by certain eminent Germans be true, that the parent of tubercle anywhere is some cheesy mass or degeneration, then we are furnished with a strong argument for removing early suppurating conditions in the pelvis, which may, in those predisposed, lead to the development of peritoneal tuberculosis.

The results of abdominal section in such conditions may justify the following conclusions:—

1. The hitherto accepted universally unfavorable prognosis of tubercular peritonitis must be revised as a result of what we have learned by abdominal section. Recovery has taken place in a goodly number of cases after operation, and probably also in some not so treated.

2. Cases 4, 5 and 6 afford some evidence in favor of the theory that a cheesy deposit, the result of suppuration, is the parent of tubercle wherever found.

3. In the cases alluded to the origin of the disease was probably in the inflammatory disease of the uterine appendages.

4. In certain strongly predisposed subjects the early removal of such possible focus of tubercle is urgently indicated.

5. Abdominal section in these, as in less serious conditions, has, with proper precautions, been shown to be a recoverable operation in such a large proportion of cases as to justify its performance to clear up a doubtful case.

6. In a certain number of cases the operation may, with some reason, be fairly claimed to have been beneficial.

Discussion.—Dr. Laphorn Smith said that Dr. Gardner was to be congratulated on reporting his failures as well as his success. Although the result had been so discouraging he believed that this treatment had a great future before it. When there was tubercular disease of the of the appendages, Winkel says the result of the operation is not promising; nevertheless, in the hands of American operators the removal of tubercular appendages had been followed by good results. The speaker thought that the operation was not justifiable if there were tubercular disease of the lungs, but in chronic

peritonitis, no matter whether due to tubercle or not, he was prepared to open the abdomen, break down adhesions and wash out. During the course of his reading he had seen at least a dozen cases reported in different countries in which marked improvement had followed this treatment. Dr. McDonnell had reported several cases of collections of fluid in the peritoneal cavity, which had been permanently cured by repeated tapping, and as laparotomy in proper hands was now no longer a more serious operation than tapping, while to the advantages of tapping could be added the beneficial effects of washing out, and even drainage. Another advantage to be derived from laparotomy was that adhesions could be broken down and then the intestines were set free to perform their functions. He was inclined to think that this was the secret of the mysterious but undoubted improvement following exploratory sections. A question that had arisen was with what shall we wash out? Unfortunately, the solutions which were sure to kill the tubercle bacilli were equally fatal to the patient, so that neither carbolic acid nor bichloride should be used. Since germicides have been abandoned the mortality from abdominal sections has fallen enormously, so that there were several "runs" of a hundred sections without a death on record. So that it was clear that an exploratory section was almost devoid of danger. An interesting point was the cause. The speaker believed that just as tubercular disease of the lungs was caused by breathing tubercular air, so tubercular disease of the peritoneum was due to eating tubercular food. The peritoneum was now known to be a vast lymph sac, through which much or most of the food passed on its way from the intestines into the thoracic duct, and he could see no reason why the bacilli could not pass from the intestine into the peritoneal cavity with the lymph. On the whole, he thought that this paper was important for the practitioner as well as the abdominal surgeon, as the latter would never get the cases unless they were suspected and sent to them by the general practitioner.

Dr. Alloway also congratulated Dr. Gardner in reporting his failures. He had seen three of these cases during operation, and there was no mistaking them for anything else than tubercular peritonitis. He had often thought that

these cases were more common than we had any idea of, and that many cases of death after minor gynecological operations were due to lighting up an acute attack of the disease.

Dr. Bell protested against the idea that the mere opening and closing of the abdomen would do any good to cases of tubercular peritonitis. He thought that many cases were self-limited and would recover, at least for a time. Those who survived the operation probably went on as before, and thought themselves well off to have recovered from the operation.

If the tubercle could be removed, he would favor operation.

Dr. Hingston thought that the happy medium lay between the opinions of Dr. Laphorn Smith, who advised laparotomy in every case, and of Dr. Bell, who did not approve of it at all. His views were to operate when there was any doubt, for the purpose of clearing it up. In many of the cases of recovery he thought it was a matter of *post hoc* rather than of *propter hoc*.

Dr. Armstrong said that as far as he knew his experience was limited to two cases of the kind, one of which he had diagnosed and sent to Dr. Gardner and the other he had operated on for disease of the appendages, but on opening the abdomen the peritoneum was found to contain tubercle, and the appendages were so adherent that it was not considered safe to remove them, so that he had simply irrigated with hot water and closed the wound, a good deal of water being left in. For several days she was greatly benefited, the diarrhoea, which had been constant, having stopped and the pain being gone. Two months after the operation she was walking about and had a good appetite, although there was a slight return of the diarrhoea. He thought that irrigation of the abdominal cavity might yet be found to be of use in these cases.

Dr. Laphorn Smith wished to be distinctly understood to attribute any good effect for operative treatment to 1st, the breaking down of adhesions; 2nd, the removal of effused liquid; 3rd, the washing out of the cavity.

Dr. Gardner did not wish to be understood as an advocate for operative treatment of tubercular peritonitis; in fact, he had stumbled upon it in three cases, in which there were well marked pelvic symptoms, the other two having been diagnosed. He admitted that many cases of

tubercular peritonitis were self-limited or chronic, and until we know more about its life history we must be cautious about attributing too much to the operation.

Dr. J. Leslie Foley exhibited a specimen of trichorrhæxis nodosum under the microscope. The hair could be seen to be split up and burst into shreds by the growth of the spores in the central tube. Dr. Foley said it was of interest, because only five cases had so far been published.

Dr. McConnell reported a very severe case of pemphigus.

Dr. F. W. Campbell related an interesting case in practice of a patient who was starting on a snowshoe tramp, but not feeling very well he called at Dr. Campbell's office, when the latter was surprised to find all the symptoms of pneumonia, excepting rise of temperature and pulse rate, through all the stages of which the patient passed successfully. The disease had followed an attack of influenza. With regard to what had been said about tubercular peritonitis, he thought that while the prognosis was severe it was not necessarily fatal, many of the cases getting well of themselves.

WARNER'S ANTISEPTIC PASTILLES.

Following a suggestion recently made by Dr. C. Seiler in the *Medical Record*, Messrs. William R. Warner & Co., the well-known pill and compressed pastille manufacturers, of Philadelphia, are now placing on the market antiseptic pastilles for the treatment of certain nasal affections. These pastilles are not only powerfully antiseptic and comparatively innocuous, but also distinctly deodorant, as sodium bicarbonate, sodium baborate, sodium benzoate, sodium salicylate, menthol, and oil of wintergreen enter into their composition. One of the pastilles makes 2 oz. of a lotion or spray for the nostrils, and it is, according to Dr. Seiler, "sufficiently alkaline to dissolve the thickened secretion adhering to the nasal mucuous membrane, and as it is of proper density, it is bland and unirritating, leaving a pleasant feeling in the nose. As an antiseptic and deodoriser it is also superior to Dobell's solution or any other non-irritating deodorizer and antiseptic. The pastilles are introduced here by Messrs. F. Newbery & Sons, of King Edward St., London, E.C. —*The Chemist and Druggist*.

[We have given them a personal trial and are much pleased with the result.—ED. RECORD.]

Progress of Science.

INSTANTANEOUS REMEDY FOR LUMBAGO.

Collodion, tincture of iodine, liquid ammonia, equal parts. To be applied widely over the parts with a camel's hair brush.—*Peoria Med. Monthly*.

A NEW JOURNAL.

Dr. I. N. Love, of St. Louis, Mo., an experienced medical writer and editor, will, we understand, soon establish a new medical journal, *The Medical Mirror*. There are not too many good medical magazines in the country, and we have a right to expect, from the reputation and experience of its editor, that the *Mirror* will take the first rank, and become a leader in the Southwest.

TO RESTORE THE POLISH OF INSTRUMENTS.

Some weeks ago the stopper of a bottle of corrosive sublimate which was carried in a satchel along with a lot of loose instruments, came out and the chemical was emptied into the bag. The fact was not noticed at the time and the next day the instruments were found covered with rust and in some instances quite badly eroded. How to get the instruments clean without sending them to an instrument maker was a question which I determined to settle by experiment. The instruments consisted of dressing forceps, scissors, needle holder, needles, several bistouries, scalpels, etc., the knives all having tortoise shell or ivory handles. Without going into the details of the experiments I will give you the method of procedure, which yielded perfectly satisfactory results. A saturated solution of chloride of tin in distilled water was made and with this a number of large test tubes were filled to a height sufficient to admit of the immersion of the blades of the knives, the forceps, etc. The instruments were inserted and left over night. The next morning they were found quite clean and of a mat silver whiteness. Rinsing in water, wiping and rubbing with a chamois completed the operation. Chloride of zinc solution gave pretty good, but not nearly so satisfactory results.—F. L. J.

QUININE IN INFLUENZA.

In the Moscow bi-weekly *Meditsinskoe Obozrenie*, Nos. 9 and 10, 1888, p. 946, Dr. Pombrok says that quinine represents an excellent

remedy for influenza (*grippe*) in children, the statement being based on upwards of a hundred cases of his own, treated by the drug. In recent cases (of one or two days standing) the alkaloid is said to invariably cut short the disease, the temperature returning to the standard in twelve or twenty-four hours, never later than thirty-six hours. Nasal catarrh, cough, lachrymation and aural shooting pain strikingly subside after a couple of doses, while malaise disappears not less rapidly to give place to the sense of well being. In such cases which come under treatment at later stages (a week or so after the first symptoms), quinine proves powerless to abort the course of influenza, but still produces quite a peculiar favorable influence on the patient's general state, fever, and even on nasal and bronchial catarrhs. As to the dose, one grain of hydrochlorate of quinine was given by Dr. Pombrok twice daily to an infant of eight months, or three grains twice a day to a child of eight years. On the whole, Dr. Pombrok's experience is fully in accord with that of Professor N. F. Filatoff, of Moscow, who has emphatically recommended the quinine treatment of *grippe* in children in 1883.

HYPODERMIC INJECTIONS OF CORROSIVE SUBLIMATE AND CARBOLIC ACID IN ERYSIPELAS.

In the *Meditsinskoe Obozrenie*, Nos. 9 and 10, 1888, p. 948, Dr. M. Strizover, of Soroki, Bessarabia, highly recommends hypodermic injections of a solution of corrosive sublimate (one grain) and carbolic acid (ten grains in two ounces of distilled water) in erysipelas of all varieties. The method as it has been extensively practiced by him during the last two years, is briefly this: A Pravaz syringe of the solution is injected under the skin at several points, one or two drops at each. This procedure is followed by rubbing into the parts the same fluid by means of a piece of cotton wool for several seconds, after which the parts are covered with a piece of gauze or linen soaked in the solution, then with a layer of wadding, and ultimately bandaged with a gauze roller. The dressing is changed in six or eight hours. As a rule, a single injection proves to be sufficient to cut short the morbid process and to rapidly bring about a complete recovery. To adduce a brilliant illustrative case: A weaver of twenty was admitted with intense erysipelas of the whole left lower limb, high fever (41° C.), delirium, etc. Late in the evening the injection was made. On the next morning early the temperature was found to be 38° C., redness, tenderness, swelling strikingly decreased, the patient feeling comfortable. On the third day the limb was normal.

VERY HOT COMPRESSES IN SURGICAL PRACTICE.

Professor I. I. Nasiloff, writing in the *Vratch*, gives an account of several cases of inflammation of the lymphatic glands, which he treated with very marked success by means of very hot compresses. These compresses consisted of a four-fold piece of linen, rather larger than the surface over the affected glands. It was dipped into water at a temperature nearly or quite equal to 212° F., wrung out, and applied quickly over the glands, its own temperature being then from 140° to 165° F. These applications were made morning and evening, the compresses being allowed to remain on, covered over with cotton-wool, for about fifteen minutes. As may be supposed, the application produced somewhat severe pain, but this did not last long, though sometimes not only redness, but a blister was caused. The treatment was continued for about a fortnight. It was found that it very soon began to promote absorption; this action was always accompanied by a rise of temperature, depending apparently upon the size of the diseased glands, and upon the extent to which absorption was taking place. It was noticed that the earlier the treatment was adopted the more effective it showed itself. Professor Nasiloff believes that hot compresses are a valuable form of treatment, not only in strumous glands, but in rheumatic osteo-myelitis and in fungoid inflammation of the joints.—*Lancet*.

DOES THE PRACTICE OF MEDICINE HARDEN THE HEART OF THE PHYSICIAN?

This question has so often been answered in the affirmative, that it gives one who is in the ranks gratification to read of such a marked refutation of the charge. as the one given, in the *Med. News*, by Dr. Forbes, of Philadelphia. Hard-heartedness is nothing more nor less than deep-rooted selfishness. Among physicians, as among every other class of men, persons are to be found who possess this quality in a high degree; but the practice of medicine is in no way calculated to develop it. A good physician is schooled to meet emergencies, and his deliberate manner, when all those around him are giving pronounced expression of their feelings, has often been mistaken for hardness of heart. Under such circumstances the doctor often has a stimulus that none of the others have—his knowledge of the course that is able to relieve the suffering and lighten the distress of those around him. He is the hero of such occasions, and the realization of his responsibility urges him to do his duty in controlling those around him.

Dr. Forbes states that during the Johns'own

disaster, more than one-fourth of the entire number of physicians of the place lost their lives in trying to rescue others; and many of those who survived were conspicuous in their efforts to render aid to other sufferers from the flood.—*St. Louis Weekly Med. Review*.

CHLOROSIS.

Dr. Huchard, *Rev. de Clin. et Therap.*, points out that it is a mistake to push the ferruginous treatment in all cases of chlorosis. The total amount of iron in the body under ordinary circumstances is not more than a few grammes, and even in chlorosis all of it has not disappeared. Any surplus iron is more likely than not to give rise to gastro-intestinal irritation. He prefers to give the iron in the form of iron filings mixed with chalk, powdered coffee, or rhubarb, in the form of a powder. Vinegar, to which chlorotic patients are often extremely partial, is not to be absolutely forbidden; on the contrary, a draught containing hydrochloric acid, taken after each meal, is a powerful aid to digestion. The constipation should be overcome by means of podophyllin, and the uterine functions should be stimulated at the approach of the menstrual epoch by means of hot baths and an infusion of saffron internally. Massage and general gymnastics are also to be commended as adjuncts. In many cases when iron has failed, arsenical preparations, in conjunction with biters, are successful, and the binoxide of manganese has given good results when both iron and arsenic had been tried in vain. The binoxide can be given in a powder with charcoal and powdered calumba root, or it may be given in the form of the lactate of manganese, made into pills with extract of cinchona. When iron is well borne he recommends the following formula: R ext. cinchonæ, ext. gentianæ, ext. rhei., aa, 5 grammes; ferrum tart., 5 grammes; ext. nucis vom., 50 centigrammes; ol. anisi, m v; glycerine, q.s. To be mixed and divided into 100 pills. Two to be taken before each meal.—*Lond. Med. Rec.*

ANOTHER LOCAL ANÆSTHETIC.

Since the advent of cocaine, it has become quite the fashion to discover local anæsthetics. The latest is one which was introduced to the members of the Berlin Medical Society recently. Hayap is its name, and it seems to have considerable power. An aqueous solution distilled into the eye of an animal brought about complete anæsthesia which endured in various instances from ten to twenty-four hours.—*St. Louis Weekly Medical Review*.

A GARGLE IN QUINSY.

Dr. W. M. Beck, of Kensington, Kansas, writes: "I notice that Sajous recommends guaiac as a gargle for early stages of quinsy. Chloral hydrate has been far more efficient in my hands; in fact, nearer a specific than anything recommended in the text-books. Three or four grains to the ounce of glycerine may be used as a gargle. I mention this because no mention is made by Ringer or other therapeutists on this fact. Its efficiency and *modus operandi* are at once apparent when we consider that it is locally antiseptic, astringent and sedative."—*Medical Record*.

THE ACTION OF OIL OF TURPENTINE IN IDIOPATHIC CROUP.

Lewentaner (*Centralbl. f. klin. Med.*) formerly reported his success with oil of turpentine in the treatment of croup, but there might possibly be a question raised about the correctness of his diagnosis, since no membrane was found expectorated. He now reports two other cases, both of them in *extremis* when the treatment was commenced, and both of which were saved, apparently by the use of turpentine.

The first case was a child of two years, who had exhibited signs of stenosis for several days, and who had reached about the seventh day of the disease. When first seen by the author the asphyxia was extreme, the cough entirely aphonic, the face pale and livid, and the pulse scarcely perceptible. No membrane had been expectorated. A teaspoonful of oil of turpentine was administered, and ice compresses put around the throat. The child slept more quietly during the night, received another dose of turpentine on the next morning, and during the day expectorated a portion of membrane of considerable size. Under continued administration of turpentine in smaller doses, improvement steadily progressed.

The second case was that of a child of four years, who had been attacked with symptoms of stenosis, and was in the eighth day of his illness when seen by the author. He then exhibited extreme dyspnoea, with pale skin, and filiform and scarcely perceptible pulse. There had been no membrane expectorated. A teaspoonful of oil of turpentine was given, and the continuous atomization of a mixture containing turpentine prescribed. Very soon after the ingestion of the drug there was a violent paroxysm of coughing, and a large piece of membrane three to four inches long was expectorated. As it, however, continued to form, the treatment was persisted in, a teaspoonful of the medicine being given twice a day. Membrane was coughed up in abundance, and in a few days the child was well. The author is fully convinced that turpentine has a specific action on the disease.—*Am. Jour. of Med. Science*.

THE DENSITY OF THE BLOOD IN RENAL DISEASE.

Dr. Lloyd Jones, of St. Bartholomew's Hospital, who has devised a simple clinical method of estimating the specific gravity of the blood (*Journal of Physiology*, vol. viii.), contributes to the current issue of the *Practitioner* the results of some of his investigations in this direction. By comparison with several hæmocytometric numerations, he shows that, as might be expected, the specific gravity varies in proportion to the relative amount of corpuscles and plasma; and this being so, it suggests that in renal disease changes in the specific gravity would be prone to occur. He therefore made a number of observations on the blood of cases of acute nephritis, chronic parenchymatous nephritis, and chronic interstitial nephritis. In the first the specific gravity was variable, being either normal or below the normal; in the second it was diminished in every case but one. But as regards chronic interstitial nephritis, he found that in the cases accompanied by gout the rule was for the specific gravity to be below the normal (average about 1051) whilst in those in which gout did not occur it was above the normal (average about 1058). Among these latter, however, the interesting fact was shown that in those dying from cerebral hemorrhage the specific gravity was highest (average about 1060), and that the presence of such a condition in a case of chronic interstitial nephritis is an index of the liability of the patient to cerebral hemorrhage. Dr. Lloyd Jones argues that the tense pulse of acute renal disease is attributable to a non-excretion of water, causing an increase in the volume of blood, and further suggests that such an increase may occur in the early stages of granular kidney, and contribute to the cardiac hypertrophy and vascular changes, which in the latter stages suffice *per se* to explain the heightening of the blood-pressure.—*Lancet*.

SEBORRHOEA.

In his Atlas of Venereal and Skin Diseases, Dr. P. A. Morrow recommends the following treatment for seborrhoea of the scalp: First loosen all crusts; then shampoo with spiritus saponis kalini and warm water and dry. After this apply the following ointment:

R.	Acidi tannici,	ʒi.
	Glycerini puri,	ʒi.
	Petrolati,	ʒii.
	Ung. Aquæ Rosæ,	ʒj.

M.—Ft. ung.

To prevent the re-formation of crusts apply:

R.	Sulfuris loti,	ʒi.
	Adipis,	ʒi.

M.

TREATMENT OF THE NASAL MUCOUS MEMBRANE IN WHOOPING-COUGH.

Several physicians, believing that the paroxysms of whooping-cough are to a greater or less extent due to reflexes from the nasal mucous membrane, have directed their attention to it with regard to the treatment of the disease. Dr. Beltz, who has conducted a large number of observations on the treatment of whooping-cough in the Griefswald polyclinic, speaks especially highly of a plan first practised by Michael, which consists of employing nasal insufflations of a mixture of powdered nitrate of silver with magnesia in the proportion of 1 in 10. These insufflations are given at first once a day, and subsequently in two or three days, according to the frequency and severity of the attacks. He finds that the attacks are very decidedly lessened even after the first insufflation, and has come to the conclusion that this affords a more satisfactory method of treating whooping-cough than any other plan with which he is acquainted.—*Lancet*.

IS THE BATH WHOLESOME?

Nothing in human affairs has a reputation so fixed that it may not be called in question by some one in a moment of originality. This has happened repeatedly in the case of the daily bath. Some critics, for example, suggest that the bather, in consequence of his very cleanliness, lives too fast, is functionally too active, and that delayed and more gradual excretion would better accord with health. Others appear to think that by daily ablution the skin loses a part, or all, of the protection against weather, derived from its own effete products. Yet the bath not only continues to hold its own, but its popularity increases year by year. As regards amenity, both personal and relative, to one's neighbors, there can be no doubt that this is usually much assisted by a habit of regular bathing. Other advantages are not lacking. Among these are, when cold water is used, the invigorating exercise of the nervous and circulating systems, the resistance to weather changes, and the tonic of skin engendered by immersion. Further, it is undeniable that the non removal of effete matters from the body imposes a most unwholesome check upon waste excretion in deeper tissues. It is said that some savage races maintain a robust life in spite of personal uncleanness; but these tribes, it must be remembered, are exceptionally favored in regard to fresh air and exercise. It is probable, also, that even they do not thrive as they should, and would, under purer conditions. For civilized men of sedentary habits, the advantage of possessing a clean and freely active skin is a virtual necessity of healthy existence.—*Lancet*.

LOCAL APPLICATION OF CHLOROFORM IN EPIDIDYMITIS.

Dr. Theodore Clemens, of Frankfort, in an interesting paper communicated to the *Allgemeine Medicinische Central Zeitung*, describes the great benefit he has obtained in cases of epididymitis, both specific and non-specific, by means of chloroform locally applied. He regards as most unsatisfactory the treatment of the affection by other methods as compared with his own, which he has employed now for a great many years. It consists in laying some cotton wool saturated with chloroform and spirit at the bottom of a large glass vessel, into which the genitals are then put and packed round with dry cotton wool, the buttocks and thighs forming a cover, this application being continued for from fifteen to twenty-five minutes, and repeated two or three times a day. Pathologically, he considers venous congestion of the epididymis and the cord through retention of the semen a predisposing cause of the disease. He also considers epididymitis as very likely to occur when gonorrhoea has been contracted in excessive venery. He mentions a case of treatment by chloroform thirty-six years ago, not of epididymitis, but of periodical "heat" occurring in the human subject. The man used to suffer periodically from a form of orchitis, during which the testes felt hot and swollen, and the plexus pampiniformis was full and turgescient like a varicocele. He was ordered the local application of chloroform three times a day, from fifteen to twenty-five minutes each time, but the first time he bore the chloroform for nearly thirty-five minutes, after which the pain of the severe attack completely ceased and the swelling considerably decreased. This treatment lasted three days, during which time he was able to walk about, the cotton wool which had been used for the chloroform being put into the suspensory bandage and the testes covered with it. After that both the swelling and sensibility disappeared. Another case is mentioned, where epididymitis had been caused by the continuous pressure of a rudder handle on the hypogastrium, in which similar treatment proved entirely successful. Again, a class of case that is usually very difficult to treat—viz., that of gonorrhoeal orchitis—seems to have proved fairly tractable when managed with the help of chloroform. Here one of the first signs of improvement was frequently the re-establishment of an old discharge, which was soon cured simultaneously with the epididymitis.—*Lancet*.

In the treatment of fetid bronchitis, Prof. Da Costa recommends full support, cod-liver oil and carbolic acid, both by inhalation and internally.

It is stated that one grain of pilocarpine in a half ounce of vaseline applied to the scalp will prevent baldness.

ALBUMINURIA IN RELATION TO LIFE ASSURANCE.

Since the examination of the urine has become a routine measure on the part of medical men, and especially of those engaged in the inspection of candidates for life assurances, a doubt has been gradually growing up as to the veritable significance in certain cases of the presence of albumen in the urine. We do not of course allude to those cases in which albuminuria is merely symptomatic of renal disease, since its pathological significance does not then admit of any discussion, but rather to those cases in which albumen is present only in small quantities, and is unassociated with any other sign of Bright's disease. There is a further class of cases in which albumen is only to be found at certain periods of the day, recurring at fixed intervals. To this category Dr. Pavy has given the name of "cyclic albuminuria." It has been ascertained beyond the reach of doubt that under certain circumstances, albumen may be present in the urine without involving any other obvious departure from the normal standard of health. Violent exercise, the ingestion of certain foods, and exposure to cold are all known to cause albumen to appear in the urine, varying in amount and duration. Seeing in these cases the effect usually passes off with the removal of the exciting cause, it is evident that the physician would not be justified in taking an unfavorable view with respect to the future of such individuals solely on the strength of the existence at a given moment of albumen in the urine. An important and interesting discussion on this subject was inaugurated at Leeds last week by Dr. Pavy, whose experience of this class of cases is very extensive. Placing on one side the cases in which albuminuria is only one of a group of morbid symptoms, we gather that Dr. Pavy does not regard the discovery of traces of albumen in the urine as a *prima facie* reason for refusing permission to assure, provided always that no other sign of renal disease be present. When the quantity of albumen present is greater and is persistent, the outlook is somewhat graver, although even then, if after a sufficiently long period of observation no further symptoms were developed, he would be disposed to take a more favorable view of the future than would at present be allowed by the majority of those engaged in life assurance work. There is at any rate serious reason for believing that cases do occur in which albumen may be persistently present in comparatively large quantities without entailing any tangible disability. He raises the question, therefore, whether such cases might not be admitted to assurance on the payment of an extra premium to cover the additional element of uncertainty. Even if we admit, that such cases do exist, we are confronted by the difficulty that in the present state of our

knowledge no means are available, short of prolonged observation, to enable us to distinguish between the cases in which the albuminuria is, so to speak, merely functional, and those in which it is the precursor of the characteristic symptoms of Bright's disease. We now come to the consideration of those very curious and interesting cases of "cyclic albuminuria." These cases form a perfectly distinct and easily recognizable group, and they often go on for years without the supervention of any further symptom. They present this interesting peculiarity, that whereas the albumen found in the urine in other forms of albuminuria is not precipitated by organic acids, it being in the form of serum albumen, the addition of an organic acid to a specimen of urine in a case of "cyclic albuminuria" is almost invariably followed by a precipitate, showing that other varieties of albumen are present. So generally is this the case that it has been suggested as a means of differentiating the cases of albuminuria belonging to this class. An extended experience of these cases has led Dr. Pavy to the conclusion that although some uncertainty must always exist in respect of the future of individuals the subjects of this variety of albuminuria, a favorable view may in a certain proportion of the cases be taken. As will be seen, Dr. Pavy's contribution to our knowledge of this obscure subject is rather suggestive than absolute. He has, however, done good service in inspiring a doubt in the minds of medical men as to the precise significance of the presence of albumen, and now that attention has been called to this point we may hope to be further edified as to the means of distinguishing between cases in which albuminuria must be held to constitute an absolute bar to life assurance, and those in which it may be taken merely to indicate the necessity for closer examination, and possibly the imposition of higher premiums.

In the discussion that followed, although several of the speakers were prepared to admit the existence of the so-called "functional" albuminuria, they were almost unanimous in adhering to the maxim that the presence of even a trace of albumen in the urine must be held to justify rejection, or, at any rate, the postponement of any decision on the subject. —*Med. Press.*

TREATMENT OF BLENNORRHAGIA IN FRANCE.

By J. L. Julien, Surgeon to Saint Lazaire.

In the present state of medical science it seems to me impossible to formulate the one best treatment for blennorrhagia. Of the older agents in use for local application in this dis-

ease, nitrate of silver still holds a place; but, though a microbide of the first water, it is not adapted, by reason of its causticity, to general use. Sulphate of zinc, tannin and lime-water are also old-time remedies of utility. They are, however, much inferior to the newer remedies, bichloride of mercury, salicylate of mercury, resorcine, creoline and pyridine.

What is the best mode of treatment for an acute blennorrhagia? If it is absolutely at its beginning, the abortive treatment is to-day what it always has been: an injection of nitrate of silver, 12 grains to the ounce. To obtain a radical result a concentrated solution is necessary. Diday has reported recently a complete cure following the one injection of a 10 per cent. solution.

When dealing with a later stage, when the discharge is fully established, one of the following injections may be prescribed:

- R.—Liq. calcis..... $\frac{3}{4}$ iss
Aq. dest..... $\frac{3}{4}$ v.
- R.—Hydrarg. chlor. cor..... gr. ss.
Aq. dest..... $\frac{3}{4}$ v.
- R.—Hydrarg. salicylat..... gr. i.
Sodii. bicarb..... gr. xv.
Aq. dest. q.s. ad..... $\frac{3}{4}$ v.
- R.—Resorcini..... gr. xlv.
Aq. dest..... $\frac{3}{4}$ v.
- R.—Creolini..... gr. xxii.
Aq. dest..... $\frac{3}{4}$ v.
- R.—Pyridini..... gr. viiss.
Aq. dest..... $\frac{3}{4}$ v.

Injections ought to be at short intervals, every two hours if possible, and after each micturition. The best effects are obtained when the injected solutions are used at a temperature of about 140° F. Pyridine, of all the medicaments mentioned, is the one which has given me the best results. But whatever be the agent employed, it is exceptional to effect a cure by its continuous use, as generally, at the end of a few days it seems to be losing its effect, and a new agent has to be substituted.

When the pain has disappeared, and the discharge has about subsided, then it is that we get the greatest success from the use of the balsamics, of which a mixture, containing two parts of cubebs to one of copaiba, with a little peppermint, is as good as any.

Such is the general plan of treatment, and in dealing with an attentive patient and one who is not predisposed by his antecedents or his constitution to prolonged suppuration, a cure ought to result in fifteen days, and sometimes less. If the desired end is slow in showing itself, it is by varying the preparations, and by rendering their action more durable, and especially by the use of suspended powders, that a

cure is brought about. The following are some of the formulæ which succeed best in this class of cases:

- R.—Bismuthi subnit..... gr. lxxv. to gr. ci.
Aq. dest..... $\frac{3}{4}$ v.
- R.—Bismuthi salicyl. gr. lxxv. to gr. ci.
Vasellini liquidi..... $\frac{3}{4}$ v.
- R.—Quin. sulph gr. xv.
Bismuthi subnit..... gr. lxxv.
Acaciæ gr. ci
Glycerini $\frac{3}{4}$ x.
Aq. rosæ..... $\frac{3}{4}$ iv.
- R.—Bismuthi salicylat.... gr. lxxv.
Resorcini..... gr. xlv.
Iodol gr. xvss.
Vasellini liquidi..... $\frac{3}{4}$ v.

These injections ought not to be so frequently repeated as those before given; before retiring and after rising is often enough.

Two preparations of the older pharmacopœia are well worthy of praise. They are:

- R.—Zinci sulph.....
Cupri sulph.....
Ferri sulph..... aa gr. i. to gr. iii.
Aq. dest..... $\frac{3}{4}$ i
- R.—Acid. cit gr. xiii.
Acid. salicyl..... gr. ss.
Aq. dest..... $\frac{3}{4}$ v

The balsamics may be varied in the same way, using copaiba, cubebs, sandal wood oil, kava-kava, etc.

In many cases all these agents are insufficient to essentially modify the conditions of the bulbar and retro-bulbar regions, the ultimate retreat of the gonococcus. Here we have to fall back on anterior or deep injections of a three per cent. solution of nitrate of silver.—*Le Bulletin Medical*.—*Pittsburg Medical Review*.

X. INTERNATIONAL MEDICAL CONGRESS, BERLIN, 1890.

REGULATIONS AND PROGRAMME.

I. The Tenth International Medical Congress will be opened in Berlin on Monday, August 4th, 1890, and will be closed on Saturday, August 9th.

II. The congress shall consist of legally qualified medical men who have inscribed themselves as members, and have paid for their card of membership. Other men of science who interest themselves in the work of the Congress may be admitted as extraordinary members.

Those who take part in the congress shall pay a subscription of 20 marks (one pound stg. or \$5) on being enrolled as members. For this sum they shall receive a copy of the transactions as soon as they appear. The enrolment shall

take place at the beginning of the congress. Gentlemen may, however, be enrolled as members by sending the amount of the subscription to the treasurer (*) with their name, professional status and residence appended.

III. The object of the congress is an exclusively scientific one.

IV. The work of the congress will be discharged by eighteen different sections. The members shall declare, upon enrolment, to which section or sections they intend more particularly to attach themselves.

V. The committee of organization shall, at the opening sitting of the congress, suggest the election of a definite committee (or bureau) which shall consist of a president, three vice-presidents, and of a number—as yet undetermined—of honorary presidents and secretaries.

At the first meeting of each section a president and certain number of hon. presidents shall be elected; these latter shall conduct the business of the sections in turn with the presidents.

On account of the different languages employed, a suitable number of secretaries shall be chosen from among the foreign members. The duties of the foreign secretaries shall be confined to the sittings of the congress.

After the termination of the congress the editing of the transactions shall be carried out by a committee specially appointed for this purpose.

VI. The congress will assemble daily, either for a general meeting or for the labors of the different sections.

The general meetings will be held between 11 and 2 o'clock. Three such meetings will take place.

The time for the sittings of the various sections will be fixed by the special committee of each section, it being understood, however, that no such sittings are to take place during the hours allotted to the general meetings.

Joint sittings of two or more sections may be held, provided that the bureau of the congress can offer suitable rooms for such sittings.

VII. The general meetings shall be devoted to

(a) Transactions connected with the work and general management of the congress.

(b) Speeches and communications of general interest.

VIII. Addresses in the general sittings, as well as in any extraordinary meetings which may be determined upon, can only be given by those who have been specially requested by the committee of organization.

Proposals relative to the future management of the congress must be announced to the com-

mittee of organization before July 1st, 1890. The committee shall decide whether these proposals are suitable to be introduced for discussion.

IX. In the sittings of the sections, questions and problems will be discussed, which have been agreed upon by the special committee of organization. The communications of those appointed by the committee to report on a subject, shall form the basis of discussion. As far as time allows, other communications or proposals proceeding from members and sanctioned by the committee of organization may also be introduced for discussion. The bureau of each section decides as to the acceptance of such offered communications, and as to the order in which they shall come before the meeting, always provided that this point has not been already determined in the sitting itself by a decree of the section.

Scientific questions shall not be put to the vote.

X. Introductory addresses in the sections must as a rule not exceed *twenty minutes in length*. In the discussions no more than *ten minutes* are allowed to each speaker.

XI. All addresses and papers in the general and sectional meetings must be handed over to the secretaries, in writing, before the end of the sitting. The editorial committee shall decide whether—and to what extent—these written contributions shall be included in the printed transactions of the congress. The members who have taken part in the discussions, will be requested to hand over to the secretaries, before the end of the day, in writing, the substance of their remarks.

XII. The official languages of all the sittings shall be German, English and French. The regulations, the programme and the agenda for the day will be printed in all three languages.

It will, however, be allowable to make use of other languages than the above for brief remarks, always provided that one of the members present is ready to translate the gist of such remarks into one of the official languages.

XIII. The acting president shall conduct the business of each meeting according to the parliamentary rules generally accepted in deliberative assemblies.

XIV. Medical students and other persons, ladies and gentlemen, who are not physicians, but who take a special interest in the work of a particular sitting, may be invited by the president or be allowed to attend the sitting by special permission.

XV. Communications or enquiries regarding the business of separate sections, must be addressed to the managing members thereof. All other communications and enquiries must be directed to the General Secretary, Dr. Lassar, Berlin NW., 19 Karlstrasse,

(*) Treasurer's Address: Dr. M. Bartels, Berlin SW., Leipzigerstrasse 75. Please to enclose a visiting card.
En.

CLASS-ROOM NOTES.

(From the College and Clinical Record.)

In a case of post-hemiplegic chorea, Prof. Bartholow directed five drops of the fluid extract gelsemium ter die.

Prof. Da Costa regards the examination for Bacilli of tubercle of the highest diagnostic value in the recognition of phthisis.

The long continued use of hot water as a drink is injurious, bringing about atrophy of the gastric glands. (Prof. Bartholow.)

For the constipation concomitant with gastric cancer, Prof. Da Costa advises rectal injections of ʒj of glycerine.

In the treatment of the laryngeal complications of phthisis, Prof. Da Costa advises the insufflation of iodoform or application of cocaine.

In the case of a man with aneurism of the thoracic aorta, Prof. Bartholow directed low diet, ergot daily, and iodide of sodium ʒj ter die.

In cases of bronchitis in children, tending to spread downward and become capillary, Prof. Da Costa recommends the administration of iodide of potassium.

In the case of an old lady at the clinic suffering with prolapsus uteri Prof. Parvin did an anterior and posterior colporrhaphy, and restored the perineum by Tait's operation.

In the treatment of ovarian neuralgia Prof. Bartholow recommends the tincture of gelsemium, given in 5-drop doses t.d., and gradually increased till double vision results.

In the treatment of fibroids of the uterus by ergot, where the stomach rebels, give the remedy hypodermatically; it may be continued for months in this manner. Prof. Parvin.

In fractures of the radius above the insertion of the pronator radii teres, Prof. Brinton directs the hand to be in extreme supination, and the application of an anterior angular splint.

In the treatment of yellow fever Professor Da Costa advocates laxatives throughout, calomel followed by salines at first, and the salines kept up; giving preference to the sulphate of sodium.

In cases of temporarily irreducible hernia (non-strangulated), Prof. Brinton advocates the application of ice bags, using at least three layers of flannel over the surface, and only keeping the cold applied one-half hour at a time.

Prof. Bartholow directed in the case of a man with ascites, the patient being already too weak for any of the more active remedies, that the abdominal muscles be faradized with a rapidly interrupted current daily.

When ordinary remedial measures fail to arrest hemorrhage from the lungs in a reasonable time, Prof. Da Costa recommends sulphate of copper in $\frac{1}{2}$, $\frac{1}{4}$, $\frac{1}{8}$ gr. doses, or tinct. matico, fʒss every four hours.

In the treatment of tertiary syphilis, Prof. Gross advises the following:

R. Potassii iodidi, gr. x.
Hydrarg. chlor. corrosiv, gr. 1-12 M.

Sig.—Three times a day.

For after pains of labor, Prof. Parvin advises, if treatment be necessary, the following:

R. Opii pulv., gr. ss.
Camphoræ, gr. j. M.

Ft. pil. j.

Sig.—Every hour till relieved.

In the administration of cod-liver oil Prof. Da Costa recommends the following modes: either floating the oil in its purity on ice water, or taken in carbonated water made agreeable by the addition of a little syrup.

When using the alkaline treatment for acute rheumatism, during which anæmia or relapses are liable to occur, give quinine from the middle of the attack and during convalescence to obviate these conditions. (Prof. Da Costa.)

In erysipelas in strong, robust subjects, Prof. Da Costa advocates the use of pilocarpine or jaborandi, 1-6 gr. of hydrochlorate of pilocarpine hypodermically; repeated again in four hours, provided pronounced diaphoresis has not occurred.

Prof. Bartholow ordered for a case of posterior spinal sclerosis, the use of the rubbing wet pack, i. e., rubbing with a sheet dipped in water about the temperature of the body, and in addition the internal administration of bichloride of mercury.

In cases of chancroid which are excessively painful, Prof. Gross directed the following wash:—

R. Chloral hydrat., gr. viij.
Aquæ destillat., fʒj. M.

Sig.—Apply on cotton.

For a man at the clinic, with hyperæsthesia of the stomach, Prof. Da Costa directed a milk diet exclusively; ʒij sodii phosphas in the morning, and the following ter die:—

R. Acidi arseniosi, gr. 1-40
Ext. cannabis Indicæ, gr. $\frac{1}{8}$ M.

For jaundice of three years' duration, with evidence of specific disease, Prof. Bartholow directed:

R. Hydrarg. iodidi viridis.
Extract. belladonnæ, āā gr. iij. M.

Fiat pil. xxx.

Sig.—One t. d.

For the irritative fever of phthisis pulmonalis, when treatment is absolutely necessary, Prof. Da Costa recommends :

R. Antipyrin, gr. ij.
Quininæ sulph., gr. j. M.

Ft. j. in capsul.

Sig.—One every few hours.

As local treatment of the joints in acute rheumatism, among other means, Prof. Da Costa advises the following :

R. Potassi nitratis, ℥j.
Morph. sulph., gr. ij.
Aq. destil., Oj. M.

Sig.—Keep the joint saturated.

For a case of phthisis at the clinic, Prof. Da Costa directed ol. morrhue ℥iv t.d.; inhalations of terebene ℥j to Oj boiling water and the following prescriptions :

R. Liquor potassii arsenitis, ℥iij.
Tinct. nucis vomicæ, gtt. v
Tinct. cinchonæ comp., ℥j. M.

Sig.—Ter die.

In the case of a child with tubercular disease of the knee joint, after breaking up the existing adhesions and placing the part on a splint, Prof. Gross directed rest, extension, and the following :

R. Iodoformi, p. j.
Unguent. simpl., p. x. M.

Sig.—Rub well in twice daily.

In the treatment of a chronic ulcer, free the bound-down edges, paint the surrounding tissue with equal parts of alcohol and iodine, touch the surface thoroughly with solid nitrate of silver, put the patient to bed, and wrap the limb up in a solution of lead water and laudanum. Prof. Gross.

For a case of obstinate sciatica rheumatism, at the clinic, Prof. Da Costa ordered the following, to be taken ter die :—

R. Sodii salicylat, gr. xv.
Tinct. aconiti, gtt. j. M.

and also directed that in case this failed injections of osmic acid should be used.

Where labor is delayed in the second stage by uterine inertia, the fetal head having escaped from the os uteri, Prof. Parvin advises the following :—

R. Extract. ergotæ fluid, gtt. x
Tinct. cinnamomi, ℥j. M.

Sig.—Every fifteen minutes until 4 or 5 doses are taken.

For a case of leucocythemia, at the clinic, in which the white corpuscles were 1 to 60 red, Prof. Da Costa ordered of arsenite of sodium 1-40 gr. t.d., and

R. Iodi, ℥j
Ol. bergamot., ℥j
Lanolin, ℥j. M.

Sig.—Rub in over the spleen.

In the treatment of mucuous patches in the mouth in secondary syphilis, Prof. Gross advises first :—Dry with absorbent cotton and apply a four per cent. solution of cocaine ; then apply the following with camel's-hair pencil :—

R. Hydrargri nitratis (acid), p. j.
Aque destillat., p. xij. M.

Sig.—Apply daily once, and between applications may use the following :

R- Acid. pyroligneosi, ℥j.
Aque destillat., ℥j viij. M.

Sig.—Use as a mouth wash.

In the treatment of chronic alcoholism, Prof. Bartholow says : For the disorders of digestion, morning vomiting, loss of appetite, accompanied by wakefulness and nervousness, the appropriate remedies are abstinence, careful alimentation, and such tonics as quinine, nux vomica, and the administration of bromide of potassium to procure quiet sleep. In the more chronic cases, where degenerative changes may be expected to have taken place, arsenic in small doses, hypophosphites and cod liver oil are recommended, and should be given for several months. Chloride of gold and sodium or corrosive sublimate will retard changes taking place in the connective tissue, if given early enough.

When hospital gangrene occurs, isolate the patient at once. Remove the slough by roughly rubbing with sponge (immediately burning the sponge used), cleanse with warm water, dry the wound and cauterize thoroughly with chloride of zinc (with just sufficient water to convert it into an oily liquid) by means of absorbent cotton ; allow cauterant to remain on ten minutes ; remove and apply antiseptic dressings. An anæsthetic should be administered during treatment ; good nourishing diet and opium to relieve pain subsequently. (Prof. Gross.)

Aseptic catgut ligatures, chromicized for use on the larger arteries, may be prepared as follows : Take 200 grains catgut ; remove fatty matter by immersion in ether for twenty-four hours, wrap when dry on spools and immerse forty-eight hours in following solution :

R. Acid. chromic, gr. j
Acid. carbolic, gr. cc.
Spirit. vini rectificat, ℥ij.
Aque destillat, ℥j viij. M.

Remove the catgut under antiseptic precautions ; dry, wrap up in any aseptic impermeable material, and before using place for a short time in ordinary 1 to 1,000 corrosive solution to which one-fifth its weight of alcohol has been added ; these ligatures cut through in about seven days. (Prof. Gross.)

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MONTREAL, FEBRUARY, 1889.

SOCIETY PROCEEDINGS.

We call the attention of our readers to the full report of the two last meetings of the Medico-Chirurgical Society. We have spared no pains in making this department a special feature of the RECORD, and we are glad to know that our efforts are being appreciated. We are obliged to condense a little owing to the pressure on our space, but we aim at being fair and impartial, so that every member who attends the meetings and speaks will be duly noticed in our reports.

CO-EDUCATION.

A good deal of agitation has been going on lately among the highly educated and ambitious females of this city, with a view to the provision for them of the means of

obtaining a thorough medical education on equal terms with their brothers. So far they have been laboring under the inconvenience and expense of sojourning during four long years far from their mother's protecting eye, in the city of Kingston, where the Women's Medical College is located, which is the only institution of the kind in Canada to which women are admitted. From certain items, however, which have lately appeared in the daily press, it would seem that even this avenue to the realms of fame and fortune was about to be closed to them. One would think that their male fellow-students would welcome them with open arms to any of the existing colleges, but so far this has not been the case. Even in some quarters they seem to have been given the cold shoulder. It is the object of this article to make a special plea for the admission of the *girls* on equal terms with their brothers. Why should they not be? A girl of 17 is generally quite as intelligent and well educated as a boy of that age; indeed, much oftener, more so. So that the objection that the sprinkling of girls would keep the class back does not hold good. As far as behavior is concerned and the sense of discipline, we think that everyone will admit that it is far easier to maintain order among a class of girls than among the same number of boys. So there is nothing to be feared—but rather, we think, a great deal would be gained by the example of the young lady element. A hard-working and conscientious professor sometimes experiences the most acute annoyance from the sometimes rough and noisy frolicking of young men; if the eyes of a dozen or so of refined ladies were upon them perhaps they would be charmed into silence and sense. Just as a few turbulent spirits are capable of creating anarchy, so, we think, a few earnest, gentle girls would have a powerful influence in maintaining order. Another great advantage would be the incentive to work due to competition. When a girl makes up her mind to study medicine she

is in earnest about it; from the very beginning she is a worker. On the contrary, her brother is so confident of his ability to master our most difficult science and art in three years that he very often devotes the first of the four years of study required by law to seeing life and pursuing other pleasures more or less harmful to himself or the property of the citizens. But the medical student is an honest fellow, and he frankly admits, when the perspiration is pouring down his back, towards the end of his fourth year, that he would have spent his first year very differently if he had to spend it over again. The example of the hard-working girl students would surely benefit him in this respect. So far as we can learn, the objection to the admission of female students has come principally from male students; three explanations for this may be given:—

1st. He may object to her studying medicine at all, but this will not prevent her from studying, for if she cannot get her education here she will go elsewhere for it. We quite agree with the students that it would be far better for women to devote their energies to that which they are so much better suited. In bearing and nursing children men can never take their place—at least not with any degree of success—while it seems clearly to have been the Creator's intention that she should be a wife and mother, and if she does those duties well she will find her hands and arms full. We cannot view with any satisfaction the tendency of the women of this age to shirk their manifest and divine destiny; but, in spite of all this and the many physical disabilities under which the female doctor must labor, there will be female doctors. As long as women labor under the delusion that it is an easy way to earn a living, it would be unjust and ungenerous for us to throw any obstacles in their path. We may as well welcome them to our ranks, and let the fittest survive in the struggle.

2nd. He may object to the restraining influence which their presence in a class might have upon him; but this, we have already shown, would be for his own good. In fact, it is just what he most requires, any little coarseness in his jokes and stories would soon be replaced by delicate refinement. Polish in manners is an asset of no small value to the practising physician. Surely the presence of educated ladies in the class could not fail to have a refining influence.

3rd. The male students might object that the presence of ladies in the class or at the bedside might cause the professor an awkward feeling of constraint. In fact, that when he came to discuss the etiology and treatment of diseases of the sexual organs he would not dare to call a spade a spade, and that the male students would thereby be the losers. In proof of this we may refer to an incident which occurred some years ago when the experiment of co-education was first tried in a western college, when the girl students left the physiology class in a body because the professor indulged in an unnecessary double *entendre*. For our part this objection could have no weight with us, for we tell the students nothing but what is necessary for every doctor, male or female, to know, and what would be very useful for every girl to understand. The objection of indelicacy to co-education seems to us absurd when we consider the relation of the male accoucheur and gynecologist to his female patients. We never refuse such patients because it would be indelicate to ask them questions and give advice. Why then object to the relation of male teacher to the female student? The presence of a few female students, and many female nurses at the Women's Hospital has never prevented us from speaking plainly, although decently on the most delicate subjects. It being evident that women doctors must be educated somewhere and that there is no valid objection to their being co-educated with men, what college will open freely its

doors to them? There is no college more able to meet these requirements than Bishop's College.

1st. Because, although the staff is complete and the school well equipped, the number of students is comparatively small, so that 20 or 30 female students would find the college almost as much their own as the men's.

2nd. Because it has special facilities enjoyed by no other school in Canada for the teaching of midwifery and diseases of women. We therefore venture to throw out the suggestion that instead of establishing a new and necessarily very costly separate school, the women should invade the school of Bishop's College, which has been in working order for 19 years, and the graduates of which, established in every part of the world, have proved by the extraordinary success which they have attained that the education they have received has been unusually practical.

BOOK NOTICES.

A COMPEND OF HUMAN PHYSIOLOGY. Especially adapted for the use of medical students. By Albert P. Brubaker, A.M., M.D. Fifth edition, revised and enlarged, with new illustrations and table of physiological contents. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street. Price \$1.00.

The popularity of this little work is amply shown by the fact that it has run through five editions. The print is fine, so that as much information is contained in it as will generally be found in larger and more expensive works. It commends itself to the physician because it is small enough to go into his pocket, so that he might spend to advantage in refreshing his knowledge many a waiting hour which might otherwise be lost.

THE DISORDERS OF MENSTRUATION. By Edward W. Jenks, M.D. 12mo. pp. 120. Detroit: Geo. S. Davis, 1888.

This is one of "The Physicians' Leisure Library," a series of short, practical treatises addressed to practitioners. In the present volume Dr. Jenks has given a fair *résumé* of the modern treatment of menstruation. The limits of his book forbade discussions of doubtful points, and the introduction of a thorough survey of the pathology of the affections described. Nor can the book claim original methods of treatment. The practice of the average American gynecologist is, however, fairly described; formulae and illustrations sufficient to bring clearly before the mind the instruments and drugs used are inserted; and the

book may be read in the scattered moments of a physician's leisure with profit and interest.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. Neuralgia; its etiology, diagnosis and treatment. By W. R. Gower, M. D., F. R. C. S. The Prognosis of Diseases of the Heart. By Prof. E. Leyden, Berlin. The Sputum; a contribution to clinical diagnosis and practical examination for Tubercle Bacilli. By Peter Kaatzer, M. D. Hypnotism; its significance and management briefly presented. By Dr. August Forel. The forms of nasal obstruction in relation to Throat and Ear Diseases. By Treville Macdonald, M. D. William Wood & Company, publishers, 56, 58 Lafayette Place, New York. Volume 5, No. 1. January, 1890.

The careful perusal of this volume convinces us more than ever of the good value which the publishers are giving for ten dollars a year. Dr. Gower's article alone is worth the price of the whole book, while Prof. Leyden's article, coming as it does from the pen of one of the most experienced and reliable writers in Germany, is simply invaluable. In the light of the recent discovery of the infectiousness instead of the inheritability of tubercular disease, the article of Dr. Kaatzer (the practical examination of the sputum) will prove of great service to the general practitioner in recognizing the disease in time to isolate the patient before the whole family is infected, as has so often been the case heretofore.

A HANDBOOK OF DISEASES OF WOMEN, INCLUDING DISEASES OF THE BLADDER AND URETHRA. By Dr. F. Winckel. Authorized Translation, edited by Theophilus Parvin, M.D. Second edition, revised and enlarged, with one hundred and fifty illustrations. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street. Price, \$3.00

Of this work we cannot speak too highly. The author has attained the highest rank among the writers of his own country, while at the same time he is recognized as a most reliable authority throughout the world. The American editor is also one of the most reliable of the conservative school of gynecologists. Thoroughness is the main characteristic of both author and editor; the whole subject is fully but concisely gone over.

Although we would recommend the possessor of a single work on Gynecology to have first an American one, we would as strongly recommend Winckel's book as one of the best of foreign ones. The publishers are deserving of the thanks both of practitioners and students for fixing the price at a sum within the means of all. The expense of buying ten dollar volumes presses heavily on the resources of many studious young men, and often debars them from obtaining what they so much need. This reducing of the extravagant prices maintained by some publishers and authors is a step in the right direction.

PERSONAL.

Dr. Frank Ferguson, Pathologist, to the New York Hospital, has been elected Professor of Pathology in the New York Post-Graduate Medical School and Hospital.

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Original Communications.

PROGRESS OF DERMATOLOGY.

By J. Leslie Foley, M.D., L.R.C.P., London.

The purpose of this department is to give in concise form to the readers of the RECORD a quarterly retrospect of the progress of dermatology; to bring before you the more important points of interest in matters dermatological.

KERATOSIS FOLLICULARIS.

(*Psorospermosse Folliculaire Vegetante.*)

Of late there have been many valuable additions to clinical dermatology, but perhaps none more interesting than those recorded by Darier, of Paris, and Professor White, of Boston, Prof. White giving the disease the former title, Darier the latter. At the International Congress of Dermatology, held in Paris, August last, Prof. White recognized a case that was shown then (*psorospermosse folliculaire vegetante*) as being in gross appearance identical with one he had described (*keratosis follicularis*) in the same number ('89) of the *Jour. of Cut. and Gen.-Urin. Diseases*. The case is specially interesting to me, as I happened to be attending Prof. White's clinique when the patient first cropped up, and had the good fortune to see it. It was a puzzle to Prof. White saying he had never seen a

similar one. What it seemed to me most to resemble was lichen ruber, barring the horny growths. Robinson holds lichen ruber to be a paratypical keratosis, the sweat ducts and hair follicles being especially involved. Is it not possible that this may have been a lichen ruber with an exaggerated keratosis. Prof. White was unable to find any of the dermatomycoses in the skin, and Darier speaks of and sticks to his original diagnosis of *Keratosis follicularis*. I shall extract from his paper the clinical features of the disease: Minute papules, pin head in size, smooth, firm, resembling normal skin in color. Somewhat larger papules, slightly hyperæmic. Still larger papules of flattened hemispherical shape, with smooth, dense covering of nail-like consistence, varying in color from dull red to purplish, dusky red, brown and brownish black. Extensive elevated areas formed by confluence of above lesions, with uneven surfaces, covered by thick yellowish or brownish, flattened, horny concretions. Elongated horny masses from one-half to one-third inch in diameter, and from one-eighth to one-half inch in height, of irregular outline, with blunt truncated apices, yellowish in color, dense consistence, compactly crowded, easily removed, showing bases elevated above general surface, hyperæmic, moist. These lesions occurring

on the trunk and limbs, excepting some portion of inner surfaces of the arms. The smaller discrete papules distributed over the flanks and lateral thoracic regions, flexor surfaces of arms and some parts of the legs. The larger forms over the extensor portions of the arms, anterior and posterior aspects of trunk and nearly entire lower extremities. On lower legs they form thick plates, encircling the limbs, broken by deep fissures and shallow ulcerations. The most prominent horny prolongations are situated on the median spaces of trunk, front and back, most pronounced over sternum and pubes, smooth, flattened, blackish, elevated plates, forming a continuous covering upon the backs of the feet. Enormously dilated follicular openings, distended apparently by firm, slightly projecting concretions, forming hemispherical elevations. Small, sharply-pointed conical horns, curved at the top, protruding one-eighth inch from a few of the above dilated follicles, situate below eyes. A few large circular elevations with blind central depressions, nearly an inch in diameter, closely resembling a craterform epithelioma, situate on temples. Large papilloma-like excrescences, almost fungoid in appearance, nearly filling up the space behind the ears and separated by deep fissures. On scalp are some sparsely scattered, medium-sized, firm elevations. Hair growth, normal. Nails, coarse, slightly thickened, jagged at their free edge. A few firm, small papular projections are seen upon the hard palate. Nearly universal pruritus. Intolerable stench given off by patients. Such is a clinical sketch of the disease.

In July, '89 (*Annales de Dermatologie et Syphilographie*) Darier describes a case which he calls sporospermose folliculaire vegetante. He holds that there exists in man a group of cutaneous diseases, which deserve the name of psorospermoses, due to the presence in the epidermis of parasites of the order of sporozaires. This includes the gregarinæ, the oval psorospermæ or

coccidiæ, the sarcosporidæ, the psorosperms of fishes or myxosporidæ, and the psorosperms of the articulates or microsporidæ. These live as parasites upon the animals, causing sometimes fatal diseases. The coccidiæ occupy almost exclusively the epithelial tissues of vertebrates. In psorospermose folliculaire vegetante, coccidiæ invade the follicular orifices in the shape of round bodies, usually encysted, contained within the epithelial cells or refracting granules, the accumulation of which form a plug, which projects from the mouth of the follicle. The presence of the parasite establishes the disease. The neck of the follicles become secondarily the seat of papillomatous affections, which may become enormously developed and converted into real tumors. Four cases of the disease have been recorded.

Neurosyphilides and Neuroleprides.—In an interesting paper read before the Dermatological Congress, held in Paris, Unna gives his views on lesions of the skin, both in syphilis and leprosy, which depend upon nerve changes differing from common syphilides and true lepromes, and which he names as above.

Neurosyphilides. — (1.) Appearance of roseola-like spots in latter part of secondary period. (2.) Tendency to persist at the same point, with no tendency to extend. (3.) Persistence in spite of internal and external anti-syphilides. (4.) Augmentation and diminution of erythema spontaneously or by reason of irritants and colds. (5.) These circles and spots of the late secondary period at times change into a papular syphilide presenting the same clinical features, remaining at the same point of development, long duration and lack of influence exerted by ordinary anti-syphilitics. (6.) These lesions leave behind them identical pigmentations in the form of spots and circles, which may be accompanied at the same time by the usual annular pigmented syphilides.

Neuroleprides.—(1.) Symmetry of the spots. (2.) Close relationship with the circulation. (3.) Associate and consecutive phenomena of sensitive nerve trunks. (4.) The neurotic, and more especially the angio-neurotic origin of the affection. The neuro-syphilides is made out more clearly than the neuroleprides.

A New Treatment for Tinea Tonsurans.—M. Vidal (*Gazette Hebdomadaire de Med. et de Chirurgie*, July 26, '89) advocates one which has for its object the destruction of the trichophyte by microbicides and the prevention of its reproduction by depriving it of its oxygen, for, as is well known, this is an aerobic organism. The technique is as follows: (1.) Application of lotion of spt. turpentine to the scalp without previous epilation. (2.) Friction with tr. iod., which should at each sitting be applied only to a limited surface of the head. This should be repeated two or three times for each spot, until it has been applied to the whole scalp. (3.) Daily inunction of the scalp at intervals with vaseline. (4.) Covering the head with a rubber cap, which should fit as closely as possible to the head. It is claimed by this method epilation is avoided and duration of disease shortened.

"Where in the Dermatological Practice of to-day is the Application of Paquelin's Cautery Unavoidable?" Under this head Unna (*Monatschrifte f. Prak. Dermat.*, Band II., No. 9) shows the advantages derived from the cautery. It is especially useful in the following dermatoses: In chronic eczema ani which resists other treatment. Eczema scrote et vulvæ, leucoplakia oris angiomia oris. His mode of application is thus: Local general anæsthesia is produced and with a broad Paquelin's burner slowly cauterizes the affected parts, so that were the proper remedies not applied immediately burn of the second degree would result. Before the anæsthetic is over apply a 5 per cent. sol. of borax with or without cocaine, iron oil, to which a 2 per cent. carbolic acid is added, or resorcin solution.

Keratoid Eczema of Hands.—Unna recommends for this that the disease be covered with small cotton compresses wet in 2 per cent. sol. of resorcin and hand bound up in a water-tight bandage at night, after washing. During the day zinc or zinc and mercury salve-stick frequently applied.

In all text books on dermatology, especial care is taken to warn against the use of water in skin diseases. Lassar, of Berlin, strikes boldly out, and says that it does no harm, but rather good, and recommends as a preliminary treatment washing with tepid water.

IODIDE OF POTASSIUM IN PSORIASIS.

Gatteling treated experimentally twenty-two cases of psoriasis with full doses of potassium iodide. The results are subjoined. Highest dose per day, 850 grs.; the same patient taking in all in the course of treatment 115 ounces. Average dose 150 to 300 grs. a day. In five patients it was necessary, on account of distressing iodic symptoms, to discontinue use of drug. In several the disease remained stationary and uninfluenced after a certain point had been reached. In five cases complete recovery ensued. Iodic acne was noted in many cases; in one purpura, in another oedema of the legs, in another rheumatic pains in the limbs. Albuminuria was not observed, nor any serious heart symptoms. Inoculations of lupus on rabbits have been made of late.

In an able and instructive article (*Medical Chronicle*, London, Dec., 1889,) H. G. Brooke, of Manchester, discourses on accidents arising from the suppression of eczematous eruptions. His conclusions are worthy of note. The popular idea that it is wrong to "drive in the disease," in some cases is more correct and not to be treated so slightly and laughed at, as most text books and dermatologists would have. The connection of chronic eczema (of long duration) and certain inflammatory outbreaks in gouty and rheumatic people in the joints, lungs, sometimes in the stomach

and alimentary canal, again in the liver and kidneys, such outbreaks occurring whenever the eczema disappears or tends to disappear quickly, have been known for some time. Such cases have been published by eminent clinicians. Alternations between affections of the chest of bronchitic and asthmatic nature and acute outbreaks of eczema are recorded. The organ affected in the majority of cases are the lungs. A distant relation may exist between an eczema and some form of ill-health. In chronic patches of seborrhœic eczema, the healing of the eczema was followed by general malaise, anorexia, &c. Fortunately only a small percentage have such sequelæ. Brooke inclines to attribute it to an idiosyncrasy. Death may follow suppression of the eruption. The author cites cases in proof of his arguments. In these conditions it is well to stop further treatment or induce its reappearance, and treat the two states side by side.

Baumler, of Freiburg, holds erythema multiforme and erythema nodosum to be forms of the same affection, and considers the latter to be an infectious disease. This view is becoming more prominent in Germany and France.

Electricity in Elephantiasis.—Silva Arango, of Rio de Janeiro, whose experience is large in this disease, speaks highly of electricity.

Morrow, in a valuable article on the diagnosis of leprosy (*Jour. Cut. and Gent. Urin. Dis.*, Jan., 1889,) points out the difficulty of distinguishing anæsthetic leprosy and syringomyelia; here the neurologist and dermatologist meet almost on common ground. In the latter disease we have clinically analgesia, thermo-anæsthesia and muscular atrophy. Without the prior manifestations and pathological history of leprosy it would almost be impossible to differentiate.

R. W. Taylor describes two cases of new growth of the vulvar region of a purely inflammatory nature, distinct from any ven-

ereal disease, following chancroid.—*Jour. Cut. and Gent. Urin. Dis.*, Dec., 1889.

Formulæ—

Furunculi (abortive treatment),

R Hydr. oxidi. rubr gr. iiss.

Lanolini 3 iiss.

Sig—One or more frictions daily.—[Jorissenne.]

Pityriasis capitis,

R Ol. theobromæ 3 iiss.

Ol. ricini 3 xiiss.

Essentiæ bergamii q. s.

Sig—To be rubbed in every evening—[Vidal.]

DERMATOLOGICAL CLINICAL MEMORANDA.

Hardaway (*Jour. Cut. and Gent. Urin. Dis.*, Dec., 1889,) reports what he takes to be a case of Kaposé's lupus erythematosus disseminatus; characterized by fever, great swelling of the lymphatic glands of the neck, great œdema of larynx and surrounding tissue. In the same number he also records a case of spontaneous involution of a sarcoma.

Ichthyosis Linearis Neuropathica is the name given to a peculiar form of ichthyosis following the line of the nerves of neuropathic organ by Dr. August Koren, of Christiana. He published a case, about the only one on record, running along the course of the radial, ulnar and median nerves. (*Norsk Magazin for Lægevidenskaben*, Sept., 1889).

Prof. White in a paper on some unusual forms of dermatitis venenata (*Boston Med. and Surg. Jour.*, Dec. 12, 1889,) reports cases occurring from chlorine, violet water and box. (*Baxes Sempervirens*.)

Fox reports a case of lupus erythematosus of the oral cavity (*Jour. Cut. and Gent. Urin. Dis.*, Jan., 1890,) which he says is the only one recorded on this continent.

Creolin Eczema.—The number of eruptions, both in their internal and external application, is increasing every day. One of the latest is creolin. The dermatologist has "got it on his list." It may produce an eczema when applied externally.

NEW DERMATOLOGICAL REMEDIES.

Anthrotin and Hydroxylamin.—These have been sufficiently long under observa-

tion to test their efficacy. Rosenthal (*Deutsche med Wochenschrift*, Aug., 1889,) considers it negative and not equal to chrysarobin or pyrogallic acid.

Chlorohydrate of Hydroxylamin, recommended by Eichhoff, is found useful in lupus and parasiticoses. The advantages claimed for it are, cheapness, does not stain the clothing, as active in psoriasis as chrysarobin and pyrogallic acid, does not produce dermatitis. Dr. Wm. T. Corlett, of Cleveland, speaks highly of bromide of arsenic in psoriasis and reflex acne. Oxynapthoic acid may be substituted for sulphur in scabies. The intra neural injections of mercury in syphilis seems to be gaining ground.

The tread of dermatological research seems to be towards histology, including the micro-organism and pathological anatomy. In geology, as Sir Wm. Dawson has so ably shown, mountains have been built by the tiniest insect, so in pathology mountains of disease have been induced by the infinitesimal micro-organism. Perhaps there is not a more interesting study to the medical scientist. Like the horticulturalist, he has his "cultivations" or his "cultures." One might call him the baccilli-culturist. The microscope is fast becoming the "open sesame" to many hitherto ill-understood diseases. The bacteriologist enjoys his hunt for baccilli with as much zest as the most ardent sportsman. He has the tissues of the whole economy for his hunting ground, the skin being no less free than other parts. He bags, or perchance may floor his game, with the never-failing bichlor. One pictures to oneself a figure, round shouldered and stooped from long bending over his favorite scope, spectacled from continued use of eyes; his hair grown gray in knowledge and somewhat scanty at the top, plain appearance, careless in dress, absent in mind, with thought-creased brow, ever intent searching for his beloved baccilli. To this baccilli-hunter the medicine of the future will be deeply indebted, and the physician of the future ever grateful.

"As with trusty germicides he probes Disease disseminating microbes."

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Regular Meeting, 21st February, 1890.

Present: F. W. Campbell, Rollo Campbell, Trenholme, J. A. MacDonald, Jas. Stewart, J. J. Gardner, A. Gardner, Jas. Bell, Harry Bell, Hutchison, Spendlove, G. T. Ross, George Ross, Shepherd, Allan, Alloway, Buller, Birket, Armstrong, Mills, Johnston, Finlay, Foley, Scott, England, Jack, Reid, and others.

The Secretary read the minutes of the previous meeting.

Dr. White was proposed by Dr. H. Bell and seconded by Dr. Hutchison.

Dr. Buller showed a patient from which he had removed a tumor of the orbit; also showed tumor. He said it was only the third time the operation had been done.

Dr. Bell showed a specimen of a sarcoma of foot (sole of foot) and related treatment.

The President then called on Dr. Leslie Foley to read the paper of the evening, "The Influence of Clothing on the Skin." The following is an abstract:

Clothing affects the skin for good or ill in health and in disease. In health, proper clothing is necessary to keep the skin in normal condition. Treves has formulated requirements of healthy dress.

1. A complete covering for body.
2. Maintenance of an equable temperature.
3. Superabundant clothing and needless weight.
4. Non-interference with any of the functions of the body.

Young girls often have their trunks well covered and their upper and lower extremities destitute of all covering, save the exterior garments; cold must be guarded against. Wearing too many heavy garments around pelvic region often leads to congestion of these parts, sets up some uterine trouble and this some skin disease. The circulation of the skin should not be impeded in any way by tight lacing or tight waist-bands. Tight collars, cuffs, sleeves, boots, gloves and gaiters must be avoided. The belt should not be worn.

Overclothing must be avoided.—Attention was

drawn to the overclad baby. This produces eczema intertrigo, hyperidrosis, &c.; also to over-clothing in older people.

Too little clothing remedied.—Sedentary people, those living mostly indoors, need more clothing than those inured to cold. Infants and old people need more clothing. Frequent change of clothing from light to heavy or vice versa is bad. One should not be too ready to doff the winter flannels. The clothes should not be put on when cold nor kept in a cool place. They should be loose. On retiring, should be taken off and hung up to be aired.

Close dresses (Macintoshes, &c.) are objectionable. Don't allow of free transpiration. Rubber boots and gloves bad.

The head.—Babies should not wear caps. Boys soft felt hats—hats well ventilated and light in texture.

The neck.—No tight collars and nothing should constrain circulation. No rough collars.

Night attire should be linen, woollen only worn by old people, children and rheumatic. Linen rests the skin.

Boots.—Low-heeled, square-toed, laced, patent leather confines sweat; shoes healthier than boots.

Gloves should not be worn except in winter, and by rheumatic and those of feeble circulation.

In infants avoid overclothing. No binder, (contracts liver, &c.) warmly clad, No tight clothing.

Woollen underclothing worn; when not bearable silk worn, with it next the skin.

In disease.—While clothing is necessary to keep the skin in condition it is often the means of giving rise to a dermatosis.

(1.) It may irritate the skin and set up an eczema, &c.

(2.) The clothing, by friction and roughness, may set up an eczema, dermatitis, &c., in a healthy skin.

(3.) It may excite a diseased one.

(4.) The warmth of the clothing may increase the tendency to parasitic fungi, i. e., tinea versicolor, &c.

(5.) Pressure of clothing, tight sleeves, boots, &c., may cause a callus, eczema, congestion of the skin, &c.

(6.) Pressure of articles of clothing in some cases determines the localization of disease, e. g.,

syphilitic paronychia, or commences at the toes where the boots press, than on the hand, where there is no pressure.

(7.) By increasing the blood supply, the wearing of heavy garments, flannels, &c., increases the itching of the part.

(8.) It may convey contagious and infectious diseases.

(9.) In excessive quantity it may produce hyperidrosis, &c.

Poisonous dyes in clothing.—Arsenic is the principal ingredient. There is scarcely an article of clothing but what may convey poison to the skin. Bichromate of potash, lead chromate, eosin, &c., may also be factors. A rough collar may set up an eczema. The bed-clothes may irritate the skin. A stiff, ill-ventilated hat may produce alopecia. The soldier's helmet may produce an eczema. False hair and bad earrings may also induce it. "Bangs," "frizzes," dyed veils may cause acne.

The dermatoses principally affected by the clothing are: Dermatalgia, hyperæsthesia, hyperidrosis, bromidrosis, miliaria, urticaria, acute eczema, eczema genitalium, acne, tinea versicolor, seborrhœa corporis, Unna's seborrhœicum eczema, the so-called lichen strophulus, morphea, dermatitis, alopecia, &c.

Seeing how seriously the clothing may damage the skin it behoves one to look well to and guard against its deleterious influence.

Rules as to clothing in skin diseases.—It is the inner rather than the outer clothing that mostly affects the skin. If the disease be chronic and indolent, flannel worn next the skin. If acute, soft linen (an old night gown or an old pair of drawers.) Clothing should never be rough enough to irritate the skin; free from all constriction or restriction and from all poisons; frequently changed and washed. In hyperidrosis, miliaria, urticaria, &c., clothing should be light. In pruritus pedis digitorum, easy shoes. Erythema pernio, woollen and warm. All colored clothing should be boiled before wearing. In an acute eczema of the arm Buckley recommends wearing a vaccinator shield to protect the arm from the clothes. Dr. Foley suggested as a means of preventing the heat, weight and irritation of the bed-clothes in an acute eczema or any inflammatory skin disease that they should be elevated with sticks or bent in the form of a bow, with a bar running

along the top and one at each end below. In pediculosis the clothes should be baked or boiled. In schleroderma flannels are desirable.

While clothing cannot be strictly classed as a line of dermatological treatment, careful and minute attention to it will certainly add to its success.

Dr. F. W. Campbell said he thought Dr. Foley had made some very practical remarks, to a few of which he would draw attention. He found that patients complained of catching cold when leaving off their flannels at night. He believed the hat was a cause of alopecia. Dr. Campbell also thought Dr. Foley's idea of elevation of the bed clothes a good one, utilizing the old surgical cradle.

Dr. Shepherd thought if Dr. Foley had gone less fully into the subject there would have been more discussion. He believed in giving directions as to clothing from a common sense point of view. In his experience urticaria was most frequently caused by clothing. Changing from heavier to lighter garments he often found followed by urticaria.

In reply, Dr. Foley thanked the members for their kind attention. It was his intention to take the subject up as fully as possible, to present it in a nut-shell, as it were.

Dr. Buller asked the librarian what journals were taken, and if there were any special journals taken. He would advise taking some special journal and mentioned the Ophthalmic Review.

Dr. J. J. Gardner suggested some better ophthalmic journal. Archives (of Snellie); some German journal.

Some one asked, if the journals were much used.

Dr. Reed said he could not give a definite answer to this. Whenever he went to the library he always found readers there, but he thought the attendance was not as large as it should be.

Dr. Jas. Bell, suggested that the subject of journals should be left to a committee.

Meeting adjourned.

Regular Meeting, March, 7th, 1890.

DR. ARMSTRONG, PRESIDENT, IN THE CHAIR.

Present: Drs. F. W. Campbell, Birkett, Reed, Spendlove, Leslie Foley, Allan, Jack, Gurd, Wesley Mills, W. Gardner, Alex. Gardner, Mc-

Gannon, England, Kenneth Campbell, A. D. Blackadder, E. Blackadder, George Ross, Alloway, Johnson, Ruttan, Laphorn Smith, Dr. Gordon, of Quincy, Mass.

After reading the minutes, Dr. Whyte, of Point St. Charles, having been proposed by Drs. H. Bell and J. A. Hutchison, was balloted for and unanimously elected.

Dr. Wesley Mills then exhibited two specimens of abnormalities, which had been discovered among the pigs slaughtered at the abattoir by some of his students. He remarked that in the lowest forms of life the individuals multiply by simple division, there being no differentiation of the sexes. Ascending a scale higher, as in the tape-worm, we find the two sexes in the same being, while in other worms, although both sexes are found in the same being, yet copulation is necessary. In the vertebrates genesis never occurs without copulation, although the latter is not necessary for segmentation of the ovum. He then showed a drawing of the genital tract of the domestic fowl, which terminated in a common chamber for the reception of fæces, urine and seminal fluid, into which the genital tract enters. There was the ovary, testis and a duct, which in the male atrophies and is replaced by the sinus pularis of the prostrate. In the female, on the contrary, this canal becomes the duct of Muller, the union of which forms the uterus by the absorption of the adjacent walls. When these walls are not absorbed we will have a two-horned uterus and a double vagina. What was remarkable in the specimen shown was the presence in both of two animals of well developed testes, the vasæ efferentiæ opened into large Mullerian ducts, which led into the prostrate and penis. One of the specimens most resembled a male, while the other was more like a female.

Dr. Gardner showed uterine appendages from a woman on whom he had operated for extra-uterine foetation. She had had two pregnancies, one child being living and the other terminating in mis-carriage. He had been called in by Dr. Rodger to do Emmet's operation on the cervix. In January of this year he had been called in by Dr. England to see her, as she had ceased to menstruate since October last and had had some other symptoms of pregnancy, and at the same time pelvic pain and faintness collapse and palor. She recovered partially from these, but

when he saw her she was not suffering much, and her pulse was good. From the history he suspected extra-uterine foetation, and this was somewhat supported by digital examination. A fortnight later he saw her again and the tumor had grown rapidly, especially in the hypogastric region, filling up the whole lower zone of the abdomen as high as the umbilicus, the whole pelvis being filled and hard. As the symptoms became more alarming, he was called at midnight, and preparations were made for an operation, which was commenced at 4 a.m. and terminated at six. On opening the abdomen the peritoneum was so full of blood that it at once bulged into the incision, and on opening it a number of large clots were turned out and the foetus was found at the bottom of the abdomen. The ragged hole in the left broad ligament was clamped and tied. It was difficult, however, to stop the hemorrhage, so sponge packing was employed. In spite of this bleeding continued so severe that another effort was made to secure the vessels. This was successful; the abdomen was well washed out with hot water and there was no more bleeding. She was put to bed in a very low position, from which, however, she rallied and did fairly well for a few days, but died on the fourth day from peritonitis, although she was treated with salines, and the bowels were moved and flatus passed. He thought that in this case it was evident that rupture had taken place first between the folds of broad ligament and later through the posterior lamina of the broad ligament, which had been raised up from the uterus by the hemorrhage. This was proved by the finding of two kinds of clots, the one kind (old) corresponding to the first hemorrhage and the other kind (fresh) corresponding to the second hemorrhage into the peritoneal cavity. The foetus was seven inches long and perfectly fresh. He had hoped that she would have gone on to full term as she was anxious to do, but he thought now that it would have been better if he had operated earlier.

Dr. Johnson testified that the foetus was evidently fresh and that some of the clots were older than others, and that the os calcis was ossified, which would make the foetus between five and six months old. While judging from the condition of the eyes and intestines and the position of the umbilicus he would place its age at five months, but Dr. Gardner said that the

operation was supposed to have taken place in the fourth month.

Dr. Laphorn Smith said he had only seen two cases of extra-uterine foetation in his practice, one of a woman in the third month of pregnancy, who, while lifting a wash-tub, felt something give way at the bottom of her abdomen and fell unconscious, in which condition she remained for several hours. He thought that this corresponded with the rupture of the tube in the broad ligament, and he was anxiously watching for the second and more serious rupture into the peritoneal cavity. He had been following up this question from the journals during the last two years and he found consensus of opinion was strongly in favor of early operation as soon as the diagnosis could be made out, in view of the comparative harmlessness of an exploratory incision and the great danger of allowing it to go on to rupture. He thought we were quite justified in resorting to laparotomy as a diagnostic measure. Recent operators had testified to finding extra uterine foetation when they least expected it and not finding it when they most expected it. He had seen Martin, of Berlin, operate in two cases of emergency at night, in both of which the patients were brought to his hospital dying and in whom the diagnosis had been made out by general practitioners in the neighborhood; in one, the patient was apparently dead and required no anæsthetic. On making the incision into the peritoneum a torrent of blood spurted up like a well spring. In a moment Martin seized one broad ligament and drew it up without finding the opening, but a few seconds later he had grasped the other and controlled the hemorrhage. This patient was walking about the hospital a few weeks later. The other one, very similar, died from anæmia on the third or fourth day. The other case of extra-uterine foetation which Dr. Laphorn Smith had met with, was that of a lady, whom he had been called to attend in her first confinement, and she had regular recurring labor pains; he could feel the head of the child low down in the pelvis, but was unable to find the os. On returning next day he found that the pains had continued, but still the os could not be found until with the greatest difficulty he discovered the uterus very little larger than normal close up behind the symphysis pubis, against which it was jammed by the child's

head; he at once recognized the nature of the case, but after a consultation with several colleagues it was decided it was best not to operate unless some urgent symptoms appeared. After three days of labor the pains gradually died away, the foetal movements ceased, and the woman became smaller, but she refused to allow him to examine her again, although he offered her considerable inducements, pecuniary and otherwise, to do so. Since which several months have passed.

Dr. Jordon, of Quincy, being invited to speak, said he had never had a case of extra-uterine foetation. He remembered having had a patient with all the symptoms of it, and that he had arranged for a consultation, but when he and his colleague arrived at the house the patient was gone. He heard no more of her until some four months later he picked up a daily paper, in which he read that she had given birth to a child.

Dr. McGannon, of Brockville, had been called in consultation by a doctor, some miles in the country, to see a case very similar to Dr. Smith's, in which the woman was at full time, but no operation was permitted; five months later, however, he had operated successfully on her and had removed the dead foetus.

Dr. Gardner did not agree with Dr. Laphorn Smith in saying that there was always a primary rupture into the broad ligaments. In one of his cases this was not so, the hemorrhage occurring from a cavity not larger than a almond. In the case just reported it was evident that there had been two ruptures. There was nothing abnormal about the placenta.

Dr. Alloway then read the paper of the evening, entitled, "Twenty Cases of Shortening the Round Ligament for Retro-Displacements of the Uterus."

He said that all kinds of supports had been tried for maintaining the uterus in its proper position, but none of them were satisfactory until Alexander had thought of shortening the round ligaments and attaching them to the external abdominal ring. It was not his intention to discuss the operation but rather to present the main features of the cases and the results that had followed.

1st case was done in February, 1886, and was ready reported. The lady had been a con-

firmed invalid from metritis and retroflexion, but was now in perfect health.

2nd case was a young lady with a chronic pain in the back and head. He operated on one side but failed to find the ligament; he did not operate on the other side.

3rd case was one of retroversion to a third degree, with metritis headache and backache. He had removed the diseased cervix by Schröder's operation and then did Alexander's at the same time, resulting in the cure of headache and backache.

4th case. Had been suffering for 12 years with pain in her back and left iliac region, extreme nervous exhaustion and insomnia. Their was enlargement of the uterus and chronic metritis. He did Schröder's operation and shortened the round ligaments at the same time, with relief of all the symptoms.

5th case. Lady 50 years of age, who had had one child 30 years ago. The uterus was low down, her cervix being seen at the vulva. The vaginal wall was relaxed, and there was partial rupture of the perineum. The latter was repaired at the same time that the ligaments were shortened, the result being that the uterus is now high up in the pelvis and she is running a retail store.

6th case was a young lady suffering with backache, dismenorrhœa and menorrhagia. Pain was so severe that she could not walk. Uterus was low down and tender, and the cervix was elongated. After shortening the ligament she was able to return to work and is now perfectly well and very robust.

7th case. A young lady with severe backache, pain in the bladder and pelvis that prevented her from walking. There was also a mass of exudation in Douglass' pouch and the utero-sacral ligaments. After a month of preparatory treatment the round ligaments were shortened, but owing to their extreme thinness the result was not so good as in the other case.

8th case. Single lady, 32 years old, who had not menstruated for a year. While lifting a case a year ago she felt a severe pain, and for several months past she had been suffering from dismenorrhœa, headache and vomiting. He removed a soft rubber pessary which was causing peritonitis, shortened the round ligaments, and

the result was that vomiting was arrested and headache disappeared.

9th case. A lady who had been married three years and had one child. She was suffering from backache and intense headache and leucorrhoea, nausea and loss of appetite. There was also bilateral laceration of the cervix and endometritis. After preparatory treatment for five weeks he repaired the cervix and shortened the ligaments, which were large and strong. She was now free from backache and headache and relieved generally.

These nine cases were in private practice, the other eleven being hospital cases.

In several of the cases he had performed tracheloraphy, perineoraphy and shortening the ligaments at one sitting. In one case the wound suppurated and the sutures had to be removed. On the sixth day, nevertheless, the operation was successful. In one case he feared he would have a hernia, and a truss was worn as a precautionary measure. In conclusion, he thought there was a good future for this operation in cases of retro-displacement with *dasensus*. He showed specimens of the round ligament dried.

Dr. Gardner said that he had come to think better of the operation than he had done at first, but he did not think that it was required in every case of retroversion, as this condition plays a very important part in many cases, and as pessaries are generally badly borne it is of great importance to replace the uterus, but the other element in the case must be carefully attended to. If there is a laceration it was to be repaired and the hypertrophied cervix must be removed and the endometritis cured. In one case he had failed to find the ligaments. The lower ends are often extremely small and difficult to operate.

Dr. Laphorn Smith said that he had at first been opposed to the operation, but like Dr. Gardner he was beginning to think better of it. Having heard that Dr. Kellogg, of Battle Creek, had made some improvement in the technique he had written to ask him to show him his methods, and the day being appointed, he had gone to Battle Creek and had seen the operation successfully performed with the aid of no other anæsthetic than cocaine, of which as many as four grains were used in less than half an hour. Instead of cutting down upon the ligaments over the spine of the pubis, as directed by Alexander,

Kellogg marks a line in the skin with iodine from the anterior superior spine of the ilium to the spine of the pubis bisecting this into three equal parts. The line of incision is parallel with, and a quarter of an inch above, the middle third. After injecting the cocaine an incision one inch and a half long is made down to the external oblique, the tendon of which is barely nicked through and immediately the red fleshy belly of the muscle is seen and hooked up with the strabismus hook. Instead of cutting off the slack, the latter is tucked into the distal end of the inguinal canal, so that it may be still available in case of the ligatures giving away. The operation was quite as easy as the hooking up of the internal rectus muscle of the eye, and the patient chatted pleasantly during the whole course of the operation, of which she was an eye-witness. This ligament is really a muscle, for when fresh removed it contracts forcibly under galvanization. When strong and healthy it will bear a strain of nine pounds before breaking. The many failures to find the ligament in the early history of the operation were due to its being looked for at a point where it is white and tendinous and spreads out into a thin aponeurosis. It must be remembered, he said, that the operation was only suitable for cases in which the uterus was freely moveable.

Dr. England said that he had recently seen a patient who had been operated upon two months ago and who was supposed to be doing well, but who was suffering from a hernia.

Dr. Johnston inquired as to the effects of the operation on pregnancy.

Dr. McGannon said that he had had one of his patients operated on by Dr. Alloway and with good results. The operation seemed so easy that he undertook to do the next case himself, but after diligent search was unable to find the ligaments. The patient was not aware of this, and strange to say the result was extremely satisfactory. In another case he had found one ligament and had shortened it, but was unable to find the other, and the result was not so satisfactory.

Dr. Alloway, in reply, thought a great deal of the relief experienced was due to removal of pressure from the ovaries. He always insisted on preparatory treatment, such as rest in bed and soothing applications. He never relied upon the operation alone when other conditions are

present. He would not care to attempt it under cocaine; he preferred ether. With regard to hernia he makes his incisions not larger than an inch, though at first he used to make them three and a half inches. He had no experience as to its effects on pregnancy, but other operators had reported cases in which pregnancy had gone on to full term. He did not think that the other methods of shortening the ligaments, recently advocated by Wiley and Polk, could compare with Alexander's.

Dr. Laphorn Smith read a communication from Dr. Joseph Price, of Philadelphia, stating that the largest run of abdominal sections without a death was 146.

Progress of Science.

MENTHOL IN ASTHMA.

Dr. Jones, *Therap. Monats*, recommends the use of a 20 per cent. solution of menthol in olive oil in asthmatic attacks.

LOTION FOR ABRASIONS OF THE GENTLS.

The following is strongly recommended:—
Dissolve in a pint of hot water two drachms of
borax and add twenty drops of essence of pep-
permint.

FOR CLEANING OFF SMEGMA.

For cleaning off smegma, and greasy applications used in treating balanitis and similar conditions, there is nothing equal to benzin. The application is painless and it cleans the surface without rubbing. It also seems to have a curative effect upon ulcerations.

TREATMENT OF CHRONIC CYSTITIS.

Chronic cystitis has been treated with great success by Dr. V. Mosetig-Moorhof, of Vienna, with iodoform injections. His method of treatment is as follows :

The bladder having been previously irrigated with moderately hot water, an injection of the following emulsion should be made :

R. Iodoform,	50 parts.
Glycerine,	40 "
Distilled water,	10 "
Tragacanth gum,	½ part.—M.

Sig.—One tablespoonful to a pint of lukewarm water, well stirred, for one injection. Injections should be made every third day.—*Medical News.*

MYALGIA.

R. Antipyrin,
Quin. sulph.....āāDiss.
M.—Fiat pulveres ten. Sig.—Three per diem,
dividing the time.

T. G. STEPHENS, M.D.

Sydney, Iowa.

PITYRIASIS CAPITIS [DANDRUFF].

Dr. H. Guéneau de Mussy recommends the following lotion in pityriasis of the scalp :—

R	Ammoniae muriatis...	0.60	gramme [gr. ix].
	Glycerinae purae.....	30.00	grammes [ʒi].
	Aquae rosae	125.00	grammes [ʒiv].
	Mix. Dissolve.		

—*L'Union Médicale, Satellite.*

TREATMENT OF BURNS OF THE FACE.

Christopher Heath recommends *Lancet* the following for superficial burns of the face .

Collodion.....	1 part.
Castor oil.....	2 parts.

This mixture, while it does not set as firmly as collodion, sets sufficiently to protect the part from the air, which Mr. Heath considers is the great point.—*Canada Lancet.*

SALICYLATE OF SODIUM AS AN ANTISEPTIC.

There is no safer or better intestinal antiseptic than salicylate of soda. Two or three grains in water, every two or three hours, will thoroughly disinfect and cleanse the stomach, and by checking decomposition, will be of material service in arresting some forms of diarrhœa.—*Medical World.*

XANTHOMA PALPEBRARUM.

Dr. Stern recommends the application of 10 per cent. corrosive sublimate solution to the parts. A gray excoriation forms on the following day, which falls off and soon heals over. Under its action the color of the xanthoma disappears, and the same natural, flesh-like tone of color as the neighboring parts appears.—*Albany Medical Annual.*

A CONVENIENT DISINFECTANT.

Take :	
Parafin,	9½ parts.
Iodine,	1 part.
Salicylic acid,	2 parts.

This mixture made into pastilles produces iodine and carbolic acid when burnt, and will both deodorize and disinfect the sick room.—*St. Louis Med. Review.*

CANNABIN IN EXOPHTHALMIC GOITRE.

The following formulæ are recommended by Valieri in exophthalmic goitre (*Weiner Med. Presse*, No. 41): (1) Four grains and a half of cannabin with sugar of milk to make five pills; the pills to be taken in 24 hours. (2) Four grains and a half of cannabin, one ounce of syrup of orange, and three ounces of distilled water, mixed together; to be taken in teaspoonful doses in 24 hours.

PAINLESS DESTRUCTION OF NÆVI.

In the case of a child aged two years, the healthy skin was first painted around the circumference of the nævus, for about half an inch, with a coating of collodion flexile; a thick layer of a four per cent. solution of corrosive sublimate in collodion was applied over the nævus. The twelfth day, collodion was removed; the nævus had entirely disappeared.—*Peoria Med. Monthly*.

LAVAGE.

Bianchi recommends an aqueous solution of chloroform [2 per cent.] in lavage of the stomach. This water eases the pain, acts very favorably by its inherent antifermentative property, and reduces the intensity of reflex action of the stomach. It is indicated in ammoniacal fermentation, dilatation of the stomach, rebellious vomiting, cardialgia, etc.—*Gaz. Hebdomadaire des Sciences Méd.*

GONORRHOEAL ORCHITIS.

This is an excellent prescription for gonorrhoeal orchitis in the inf. stage:—

R. Fl. ext. belladonna.....3iij.
Glycerinæ3ij.
Tr. opii.....3ss.

M. Sig.—Apply with camel's hair brush every hour until the pain is ameliorated.

H. DE WITT SHANKLE, M.D.

Mill's Springs, N.C., July 23, 1889.

TREATMENT OF PITYRIASIS VERSICOLOR BY BRUSHING.

The stubbornness of this affection and the annoyance occasioned by its treatment with ointments are well known. Having been accustomed for some years to advise my patients suffering from any chronic pulmonary disorder to rub the chest night and morning with a common cloth-brush, I noticed that when pityriasis versicolor was present this affection disappeared after ten days or two weeks. This occurred even in persons in whom the skin was dry, in which case it became smooth, shining and elastic.—*The Satellit e*.

ANTIPYRIN IN SCIATICA.

In a stubborn case of sciatica, after all the usual remedies had been tried without avail (salicylic acid, iodide of potash, bromide of potash, quinine, etc.), Dr. J. Covarrublas, of Lima, determined to experiment with antipyrin. He accordingly prescribed doses of eight grains, three times daily. The pain disappeared entirely in one day, and ten days later the patient was able to leave the hospital, cured.—*Revista Médica de Chile*.—*Med. Progress*.

IODOFORM AS A HÆMOSTATIC.

Dr. Michailoff publishes some observations on the use of iodoform as a hæmostatic. He claims good results in hæmoptysis, metrorrhagia, hæmaturia, and hæmorrhoidal bleeding. He gives it in all cases of hæmoptysis with Dover's powder, five times a day. He combines it sometimes with tannin; and in hæmaturia uses it in conjunction with bicarbonate of soda.—*Medizinski Priglid*; Sophia.

Dr. Loomis, of New York, suggests the following formula for a pill for gout:

R. Extract. colchici., acetic.,
Extract. aloes.
Ipecac. pulv.,
Hydrargyri chloridi mitis, aa gr. j.
Extract. nucis vomicæ, gr ½ ½. M.
Fiat pil. j.

To be taken every four hours until purgation occurs.

These pills may be carried about and employed at the first sign of an attack; they will often abort it.—*Minn. Medical Journal*.

NOTES ON DERMATOLOGICAL THERAPEUTICS.

Dr. L. D. Bulkley, of New York, before the American Medical Association, Section on Dermatology and Syphilography, June 25, 1889, made comment on some of the newer remedies for skin diseases. Ichthyol and resorcin had somewhat disappointed him. Speaking of the strength of these remedies, he said 2 per cent. of ichthyol and 3 to 10 per cent. of resorcin were strong enough to begin with. Lanolin is restricted in its application. Care is needed in the use of salicylic acid; it is an efficient parasiticide. Chrysarobin is efficient in dispelling the lesions of psoriasis. Antharobin is almost as efficient and does not stain. The combination of carbolic acid and camphor has proven valuable in pruritus. Although attention has principally been directed to local measures, diet and internal remedies should always be borne in mind when making use of these.—*Satellite*.

IODIDE OF POTASSIUM IN PSORIASIS.

Barduzzi has found that his results from the employment of potassium iodide in psoriasis agree with those of Greve, Boeck and Haslund. In three diffuse, universal cases of very inveterate character, which had been treated with transient success by all the usual remedies, he obtained better results from potassium iodide than he had anticipated. In none of the cases was the amount of the drug given larger than seven gammas [105 grains] *per diem*.—*Gazetta d. Ospedali*, No. 17, 1889.

ANTISEPTIC MIXTURE FOR SOFT AND WAXY CONCRETIONS IN THE EAR.

It is suggested, with the view of facilitating the removal of accumulations of wax in the external auditory meatus, that the following antiseptic preparation should be made use of: R. Acid. boric., gr. 55; glycerini puriss., 3jss; aquæ dest., 3jss. This should be warmed and instilled into the ear, leaving it there for a quarter of an hour, and repeating the process for a day or two. The result is to soften the plugs and make their removal comparatively easy by means of the syringe.—*London Med. Recorder*.—*Albany Med. Annual*

COLD CREAM.

The formula which we find in the U. S. Pharmacopœia for making this preparation is as follows: Take of

Expressed oil of almonds,	50 parts.
Spermaceti,	10 parts.
White wax,	10 parts.
Rose water,	30 parts.

Melt the oil, spermaceti and wax, and then gradually add the rose water, stirring the mass constantly. I have found that if the quantity of wax be doubled the resulting mass is one of firmer consistency and makes a much better ointment base, as it does not melt so easily. It is stiffer, and a thicker layer can be laid on. To make a delightful and antiseptic "camphor ice" add 10 parts of campho-phenique, to the melted wax and fats, instead of the rose water.

REPORT OF A CORONER'S JURY.

The ways of coroner's juries are proverbially inexplicable and their verdicts are often marked more by originality than sense. The *Memphis Appeal* of a recent date gives the following sample of such imbecility: "The investigation developed the fact that the dead woman's skull was cracked, exposing the brain. The mother, husband and little child of the dead woman were all examined by the jury, but their evidence failed to show the cause of the strange opening in the skull.

"There being no further evidence in sight,

the jury retired for deliberation, and returned its verdict, which was that the woman died suddenly from a natural cause, produced by an expansion of the skull.

Of course, no post-mortem was held.

PRESERVATION OF CAT-GUT LIGATURES.

Prof. Gross is not at all in favor of carbolized oil as a preservative of cat-gut ligatures, claiming that it merely forms a nidus for germs. He recommends putting the animal ligature in a weak chromic acid solution and glycerine for about a week and then placing in the following mixture until needed.

R. Alcohol,	part 15.
Glycerine,	" 1.
Acid Carbolic,	10 p.c.
M.	

The placing of the cat-gut in a 1-1000 corrosive sublimate solution, just before using, makes it soft and pliable.

FOR CHOLERA INFANTUM.

R. Bismuth subnitrate	5j.
Tinc. opii	3j.
Tinc. catechu	3ij.
Creasote	gtt. iij.
Mist. cretæ	q. s. ad. 3ij. M.

Sig.—Shake well and give a child from two to three years old one teaspoonful every two or three hours according to circumstances, and as soon as the discharges become less frequent prolonging the interval—giving at the same time large draughts of cold water to supply the great loss due to the rapid escape of the liquor sanguinis, at the same time using hot mustard baths.

J. G. STEPHENS, M.D.

Sydney, Iowa.

SOLUBLE CAFFEINE.

The insolubility of this useful alkaloid, caffeine, is well known. One substance after another—bicarbonate of soda, citrate of soda, and, last of all, benzoate of soda—have been employed to insure a perfect solution. If it is necessary to prescribe a large quantity for a course of treatment lasting several months, M. A. Cabanès suggests the following formula:—

R. Caffeine,	
Benzoate of soda	ãã 25 parts.
Alcohol, sufficient to make a soft paste,	
which is subsequently dried with moderate heat.	

This product contains 50 per cent. of caffeine, and is soluble in a little more than its own weight of water—*L'Organe de la Confra-ternité*,

CURATIVE EFFECT OF ERYSIPELAS ON TUMORS.

Bruns (*Monatsh. für Prakt. Derm.*, vol. viii., No. 4) relates twenty-two cases of tumors which were the seat of an idiopathic erysipelas. Amongst these cases three of sarcoma (diagnosis confirmed by microscope) were permanently cured. Two cases of multiple keloid after burns were completely cured. In four cases of lymphoma of the neck some of the glands disappeared and some became smaller. In five cases erysipelas was artificially produced. In three cases of carcinoma of the mamma one was not changed, one became one-half smaller, and one was reduced to a small induration in the scar the size of a pea. A multiple fibro-sarcoma was diminished. An orbital sarcoma was unchanged. *London Med. Recorder.*

SULPHIDE OF CALCIUM IN PHTHISIS.

Dr. Witherle [*La Clinique*] claims to have obtained good results in the treatment of phthisical patients by the internal administration of sulphide of calcium. He commences by giving a pill containing $\frac{1}{2}$ grain of the sulphide every two hours, and he gradually lessens the intervals between the doses until eructations or other symptoms of gastric irritation show that the limit has been reached. In most cases patients were able to take two pills every hour, and their general condition in every instance appeared to improve. This is, in reality, an indirect method of introducing sulphuretted hydrogen into the blood, and the principle is the same as that underlying Bergeon's treatment. — *London Med. Recorder.*

HAY FEVER.

Dr. Jacquess, writing to the *Med. Brief*, says of the following remedies. My wife has been a sufferer from hay fever for fifteen years, and they are the only remedies I have found to relieve her:

R. Liq. Arsenical.....1 drachm.
Tinct. Belladonnæ.....2 ounces.

M. Sig.—Five to ten drops, three or four times a day, commencing three or four weeks before the expected attack.

Also:

R. Glycerini1 ounce.
Acid Carbol20 drops.

Apply up the nose and bathe the eye-lids, two or three times a day. For the cough use the glycerine and carbolic acid internally. — *Canada Lancet.*

USEFUL FORMULÆ IN CHRONIC RHEUMATISM.

Dr. Daniel R. Brower, in a clinical lecture on a patient suffering with chronic rheumatism,

fatty heart and fatty liver, published in the *North American Practitioner*, May, 1889, suggests the following formulæ to aid in the removal of uric acid from the system, and to sustain and improve the action of the heart and of the liver:

R. Lithiæ citrat.....3 ij.
Strychniægr. j.
Tinct. Strophanthi.....f 3 iss.
Aquæ menth. pip.....q. s. ad. f 3 iv.
M. Sig.—Teaspoonful before each meal in water.
R. Aloes.....gr. ij.
Pulv. Ipecac.....gr. j.
Pulv. Rhei,
Ferri sulph. exsicc.,
Ext. Hyoscyami.....āā gr. x.
M. Div. in capsules No. X.
Sig.—One at bed-time.

TREATMENT OF CONFLUENT VARIOLA.

The following treatment of confluent variola, quoted from the *Rev. gén. de Clin. et de Thér.*, of July 4th, is recommended by Dr. Beaudoin, of Mouy, France.

1. Apply, three times a day, the following salve to the face, neck, limbs, and body:

R. Salicylic acid.....10 parts.
Vaseline225 " —M.

2. After each application of the ointment, dust the entire body with the following powder:

R. French chalk.....125 parts.
Salicylic acid.....5 " —M.

3. Give, daily, three capsules of sulphate of quinine containing four grains each.

4. Gargles of borates will be found valuable.

5. Milk diet should be enforced. — *Medical Progress.*

THE TREATMENT OF SQUAMOUS ECZEMA OF THE BACK OF THE HAND.

This disease is believed by Unna ("*Monatsh. f. p. Derm.*," 1888, No. 4) to be a seborrhœal form of eczema, in common with those forms of eczema known previously as "baker's itch," "bricklayer's itch," and the like. In most cases, he says, seborrhœal affection of other regions will be present at the same time—pityriasis capitis, an oily condition of the face, an intertriginous eczema, and so on. In the way of treatment it is recommended to cover the affected part with a thin layer of cotton batting soaked in the following solution: Resorcin and glycerin, each 10 parts; dilute alcohol, 180 parts. This is to be diluted with equal parts of water when used, and is to be applied in the evening. Over it is to be bound a large piece of gutta-percha tissue, so as to envelope the

whole hand, and keep the bathing moist all night. In the morning a zinc-oxide paste, either with or without sulphur, tar, or resorcin, is to be applied, and renewed once or twice during the day. For washing the hands, the patient should use only warm water, and avoid fatty soap. While caring for the eczema, the seborrhœal affection of other parts must be treated.—*N. Y. Medical Journal*.

OZCENA.

Dr. Moure gives the following antiseptic wash for ozcena:—

R. Acidi carbolici. 20.00 grammes [3v].
Glycerinæ puræ.....100.00 grammes [3xxv].
Spts. vini rectif..... 50.00 grammes [3iss].
Aqua.....350.00 grammes [3xj].

Mix and dissolve. A tablespoonful to a pint of tepid water, to be used in a douche.

The carbolic acid may in certain cases be replaced by chloral, resorcin, salicylic acid, or salicylate of soda. The solution should be changed every month, so that the patient shall not become accustomed to it. After the nasal douche, atomization of a solution of alum or tannin may be used, or even an insufflation of boric acid with a small quantity of finely powdered resorcin added to it. This combined treatment should be used daily, morning and evening, for some months, or even years, according to the intensity of the malady. Internally, cod-liver oil and iodide of potassium in small doses. Residence at Salies or at the sea-shore.—*L'Union Médicale*.

TREATMENT OF VARIOUS FORMS OF RHEUMATISM.

Dr. McColl, *Lancet*, gives the following regarding the salicylic treatment of rheumatism: 1. In relieving pain and lessening fever in acute rheumatism the salicylic treatment is most undoubtedly the most effective we know of. 2. The salicylates do not prevent the rare complications of hyperpyrexia, and are absolutely useless in its treatment. 3. It is doubtful if they prevent endocardial or pericardial troubles, the percentage remaining about the same [50 per cent.] since the salicylic treatment as before. They seem to have no influence in curing these troubles when they do occur. 4. There is no proof that the salicylates prevent relapse. 5. It is not proved that the salicylates lessen the duration of the disease, or that they prevent anæmia. With regard to the particular form of the remedy, most writers recommend [and Dr. McColl agrees with them] salicylate of soda in twenty-grain doses, at first every hour for three or four hours according to circumstances. It should be continued in diminished doses for at least eight or ten days after all pain and pyrexia have gone,

and in most cases should be followed by iron. Salicylic acid, salicin and salol might be tried in exceptional cases where the soda salt was not well borne. In young children antipyrin might be substituted with advantage. In convalescence, Sir A. Garrod's alkaline mixture, followed by iron, is advised; and, if any joint remained stiff or swollen, blistering or painting with iodine is useful.—*Canada Lancet*.

TREATMENT OF PRURITICAL AFFECTIONS WITH MENTHOL.

The analgesic properties of menthol render it valuable in diminishing the pain in pruritic affections, notably of senile pruritis, the pruritis of eczema, of itch, and also of urticaria.

For this purpose the drug may be either prescribed as a tincture, a liniment, or a salve.

I. Tincture of spirits of menthol:

R. Menthol..... 1 to 3 parts.
Alcohol (at 104° F.) .50 to 60 " —M.

Sig.—For external application to the affected parts.

II. Menthol liniment:

R. Menthol 3 parts.
Olive oil 30 "
Lanolin 30 " —M.

The action of this preparation is most efficient.

III. Menthol salve:

R. Menthol.....grs. xxxix.
Balsam of Peruf ʒjss.
Lanolin.....f ʒiv.—M.

In some severe cases the portion of menthol may be increased with benefit.—*Gazette hebdomadaire de Médecine et de Chirurgie*, June 21, 1889.

NEW METHOD OF EXCISING THE WRIST.

Mr. Edward Thompson, Surgeon to the Tyrone Infirmary, has lately described (*British Medical Journal*) a method of excising the wrist joint which he believes has not hitherto been recommended. In a case of caries of the carpal bones, in which the disease appeared to be limited to the first row of carpal bones and to the lower extremity of the radius and ulna, he determined to try to save the hand, although the patient, whose sufferings were acute, was anxious for amputation. On the back of the hand, and within half an inch of its ulnar border, there was a large shallow ulcer. The outer edge of this sore was selected as the site of the incision, which ran between the tendons of the extensor communis and minimi digiti, and was about four inches in length. The joint was freely opened, so that its interior could be thoroughly examined. A gouge was then introduced, and the semilunar bone gouged completely away; then each of the neighboring bones was firmly caught with strong for-

ceps, slowly twisted from its connections, and removed. The diseased ends of the radius and ulna were gouged away, and afterwards both bones were sawn across immediately above the seat of disease. A small incision was made on each side of the joint as close as possible to the level of the floor of the joint, and a drainage-tube was inserted. The wound was stuffed with iodoform gauze and dressed antiseptically. A straight splint was placed under the forearm and hand, the palm being supported on a roller bandage. Recovery was uninterrupted and speedy, and the patient has now a useful hand. Mr. Thompson claims for the method that "it is easy of performance and free from danger, and that it does not tear or injure any of the tendons, vessels, nerves, or deeper structures. It is quite bloodless, and does not require removal of any portion of bone which is sound and healthy."—*London Med. Recorder*.

ASTHMA AND THE UTERINE SYSTEM.

Dr. Peyer has recently written in the *Berliner Klini.*, part 9, 1889, on an affection which he terms sexual asthma. He maintained that asthma was always neurotic, and that in different subjects asthmatic convulsions were brought on by the influence of different physical functions. In two young married women coitus caused violent attacks of asthmatic sneezing. In another case the patient suffered from uterine fibroid, with severe asthma, which disappeared after the removal of the tumor. A patient was subject to violent asthmatic fits; on her becoming pregnant for the first time, the asthma was completely cured. In a similar case of asthma the patient suffered from chronic metritis. When the uterine affection was cured, the asthmatic complication disappeared. In all Dr. Peyer's cases the patients were more or less hysterical, and in two there was a distinct family history of neuroses. The physician must be careful now to distinguish between the possible coincidence of true asthma and disease of the sexual functions and the alleged form where the former is an effect of the latter. In the case of coincidence it is perfectly easy to understand that any aggravation of uterine or ovarian disease and any irritation of the sexual functions might aggravate the asthma. The other condition is less easy to understand, and very hard to prove in a scientific manner.—*British Med. Journal*.

A NEW METHOD OF TREATING FRACTURED PATELLA.

At a recent meeting of the Clinical Society of London, Mr. Mayo Robson showed a patient (a young woman) on whom he had operated by a novel method to secure bony union in a case of fracture of the patella. The skin over and

around the joint was cleansed and rendered aseptic and the joint then aspirated. Drawing the skin well up over the upper fragment, a long steel pin was passed through the limb from one side to the other, just above the upper border of the patella. The limb being similarly transfixed just below the patella, gentle traction on the pins brought the fragments into apposition. Antiseptic dressing was applied, and left undisturbed for three weeks; when it was removed there was no sign of irritation and the temperature had never been above normal. As the fragments seemed well united the needles were withdrawn, a plaster-of-Paris splint applied, and the patient allowed to go home. Mr. Robson observed that the only precaution necessary was to draw up the skin over the upper fragment in order to avoid undue traction upon it when the fragments were approximated. If there was much effusion in the joint it would be desirable to aspirate.—*Med. Rec.*

VALVULAR DISEASES OF THE HEART.

Yet another class of cases presents excessive muscular growth, and cavities that have but moderately increased. This state is more often met with in aortic affections, particularly regurgitation; but it may also happen in mitral regurgitation, with or without co-existing aortic disease. The impulse is extended, forcible, and out of proportion to the cardiac percussion dullness; there is often throbbing of the vessels of the neck, dull headache, tension in the pulse, and a feeling of constriction in the chest. Aconite is pre-eminently the remedy; it diminishes the blood pressure in the arterial system and gives great relief. I usually employ two drops of the tincture every fourth or sixth hour for the first few days of the treatment, and then only twice a day; or give one drop every third hour until an effect on the force of impulse and pulse is produced, and keep up this effect with a drop dose two or three times a day for several weeks, intermitting the treatment and resuming it from time to time. *Veratrum viride* has similar applicability; it is, however, more apt to nauseate. But I have often had the happiest results from a combination of one-drop doses of aconite tincture with three of tincture of *veratrum viride* and seven of tincture of ginger. It is an admirable sedative and does not sicken.

Summing up, then, the treatment of valvular affections of the heart, as they present themselves ordinarily, and basing it chiefly on the condition of the cardiac muscles and of the cavities, we find practically three groups:

1. Cases in which no special treatment is required.
2. Cases in which excessive growth and strong action call for aconite or *veratrum viride*.
3. Cases in which, early or late, and with or without increased muscle, the heart falters and

needs support, for which digitalis, used differently according to varying indications, is the principal remedy.

This line of treatment is held to independently of the exact valve affection. It requires tact and experience to adjust it to the individual case. But when adjusted the results are excellent.—DA COSTA, *Amer. Jour. of Med. Science*.

PERSPIRING FEET.

In recent numbers of *The News* we have quoted several applications for fetid perspiration of the feet, last among which was a five per cent. solution of chromic acid, used in the German army, and which has since proved successful in ninety-two per cent. of the cases upon which it was tried. The *Gazette des Hopit.* of July 23rd gives two additional formulæ. which are proved to be the most efficacious in overcoming this stubborn affection. Dr. Bardet gives one formulæ, which is as follows :

R. French chalk.....40 parts.
Subnitrate of bismuth...45 "
Permanganate of potash..13 "
Salicylate of soda.....2 " —M.

This powder should be dusted daily into the stockings. The feet should be washed every morning and evening, and after washing, rubbed with alcohol.

The second method of treatment, which is recommended by Dr. Unna, is as follows :

R. Ichthyol.....5 parts.
Turpentine.....5 "
Zinc ointment10 " —M.

This ointment should be applied after the feet have been bathed in water to which a little vinegar, mustard, or spirits of camphor has been added. During the day they may be dusted with the following :

R. Powdered mustard.....1 part.
French chalk.....30 parts.—M.
—*Med. Progress.*

TREATMENT OF GANGLIONS.

Ganglion is the name given to an enlarged bursa which is developed in connection with one of the tendons, being most common on the back of the hand, or on the extensor tendons of the thumb. It forms a little hard swelling on the back of the joint, and often causes a degree of weakness of the hand which seems out of all proportion with the seeming triviality of the affection.

In olden times the treatment of ganglionic swellings was to give it a smart blow with a book or other body. We adopt in a great preference to this coarse and old-fashioned treatment which was not only less certain and more painful but unnecessarily rough and unsurgical, the follow-

ing, which rarely fails to obtain an early, if not an immediate cure. Its object is to evacuate the entire contents of the cyst, and to bring its opposite surfaces into perfect apposition with each other. It is a small operation; but on the delicacy of its performance its success materially depends. Bending the hand forward, in order to tighten the skin over the cyst we would pass, vertically into the center of the tumor a broad shouldered lancet. By a lateral movement of the instrument the orifice will be dilated, and the contents will freely escape. Now it is indispensable to the obliteration of the cyst that the whole of its contents should be evacuated—every drop and every fraction of a drop, to effect which the sac must be compressed and kneaded in every direction. We therefore then apply a well made, thick compress of lint, and strap it down tightly with good plasters, and lastly apply a roller. In forty-eight hours the wound is healed, and the ganglion is seen no more. We are led to allude to this subject, by the fact that during the last six months we have seen a dozen or more of these little bodies—more than we had before seen in as many years.—*Massachusetts Medical Journal*.

THE TREATMENT OF GONORRHOEA.

In the *Medical Record* for July 20, 1889, Dr. E. P. Rice summarizes as follows his method of treating gonorrhœa. The patient should be placed in the recumbent position, and, after lubricating an ordinary soft rubber catheter with five per cent. carbolic oil, introduce as far as the prostatic portion of the urethra. In acute cases it may be necessary to inject a little five per cent. solution of muriate of cocaine, if pain is produced. Now insert into the free end of the catheter an ordinary glass syringe, having a nozzle with an opening sufficiently large to allow the liquid to pass through easily, which will be about the consistence of an ordinary emulsion, and should be made as follows:—

R. Acid. boric.....3iii.
Glycerini.....3i.

Mix, and rub well together, and shake well before using.

Pour about two drachms of this mixture into the syringe, having previously withdrawn the plunger. Now, gently insert the plunger, and force the liquid into the catheter, which is held in place by the thumb and forefinger of the left hand; the forefinger of the right hand should be used to force in the plunger. After all the liquid has passed out, gently withdraw the catheter, stripping it at the same time in order to force all the liquid into the urethra. Let the patient remain in the recumbent position for ten minutes longer, the whole operation lasting generally about fifteen or twenty minutes. This treatment should be repeated every day for the

first two or three days, and then on each alternate day. As a rule, in acute attacks, five or six treatments will suffice. In long-standing cases the same treatment should be used, alternating with some mild astringent injection used in the same way. The sound should always be used in sub-acute and chronic cases, at intervals of about three days. It is also advisable to give internally, in all cases, a saline laxative, and in the old cases I generally give, in addition, capsules of *bal. copaibae*, m vi; *ol. cubebæ*, m iv, t. i. d., either before or after meals.

The fact of antiseptics should never be lost sight of, as so many are apt to do. It is a well-known fact that boric or boracic acid is a mild and unirritating antiseptic, which, when combined with glycerine as a vehicle, also an antiseptic, renders it a very safe agent to use for this purpose.

One important point is also gained in this plan. We always have the patient practically under control, and can watch the progress made, not being dependent on the say-so of the patient.

RECIPES FOR PREPARATION OF IODOL.

Pharm. Post :

Iodol solution :

R. Iodol,	0.1
Alcohol,	16.0
Glycerine,	34.0

Iodol gauze :

R. Iodol,	} āā 1.0
Resinæ,	
Glycerine,	
Alcohol,	10.0

Collodion with iodol :

R. Iodol,	10.0
Alcohol (94 per cent.)	16.0
Ether,	64.0
Pyroxilini,	4.0
Olei ricini,	6.0

—*Monatshefte f. Prak. Dermat., Journal Cutaneous and Genito-Urinary Diseases.*

SIGNS OF THE MORIBUND CONDITION.

1. In general, the signs of death that are most trustworthy appeal to the eye.

2. Among these the respiratory function holds the first rank, both in cases of coma and asthenia, more noticeably when the two modes of death are blended.

3. The death by coma represents, in duration, the longest period.

4. The most valuable sign of inevitable dissolution is the up-and-down movement of the

pomum Adami, always provided that it be persistent.

5. Temperature changes deserve recognition, particularly when the curves are sharp, high and continuous, or when they are below the normal.

6. An intermittent pulse is an early sign of death, especially when not due to any disturbed action of the nervous system.

7. Deaths from syncope are too sudden to allow of much observation or study.—*Medical Record.*

HOT WATER IN FRACTURES.

The *Bulletins et Mém. de la Soc. de Chirurgie de Paris*, April 1889, contains a report by M. Chauvel upon Darde's method of treating fractures near the joints with hot water. Impressed with the advantages of elastic compression and massage in traumatic effusions of the blood, Darde believes that it is possible to hasten matters still more, and to simplify them, by using hot water alone. He first tried the treatment in sprains, and he now advises it for fractures. Hot water is employed in local baths, if possible, beginning with water at a temperature of 113° F., and increasing it to 118° or 120°, maintaining it at this temperature for from twenty-five to thirty minutes. Certain patients bear water at a temperature of 122° and even 124°. The baths are repeated once or twice a day. If local baths cannot be employed, dripping compresses of several thicknesses, with the water at a temperature of 118° or 122°, are employed, and they are renewed frequently during half an hour. Prolonged vapor baths have without doubt the same effect.

The immediate phenomena produced are: a very vivid reddening of the skin, rapid disappearance of the pain, and a slight and transient swelling of the part. In about four or five days resolution of the effusion is obtained, and acute pain is no longer produced, except at the seat of fracture. If care is taken to move the joints and the neighboring tendons often enough and with due caution, cure results rapidly. Darde gives an account of a case of fracture of the lower end of the radius, in a man twenty-four years old. After baths at a temperature of 120° F. had been employed for four days, the swelling disappeared, and pain was no longer felt, except at the seat of fracture. Some progressive movements of the fingers and of the wrists, combined with temporary immobilization of the part, resulted in an apparently complete cure in twenty days. It was only, however, after two months that the patient resumed his work.

Chauvel speaks in regard to the efficiency of

the method with reserve. He refers to another case in which the hot water treatment was used with apparently excellent results. In this case, the patient fell from his bicycle in such a way that the left foot was carried strongly outward, at a right angle with the limb, and the fibula was fractured. Baths with massage were employed until the ninth day after the accident, when the diminution of pain and swelling was such that the seat of fracture—which was about two and three-quarter inches above the external malleolus—could be easily felt. A dressing of silica was applied for two weeks, and was then replaced by a second bandage, after the tibio-tarsal joint had been moved. When the last dressing was removed, six weeks after the fall, the fracture had healed and walking was possible, but slow and still painful.

Chauvel remarks that while the result was satisfactory, it must be remembered that the treatment employed consisted of massage, temporary immobilization, and early movement, combined with the hot baths. The hot baths, he says, are useful against the initial swelling and local pain, but do not seem to exercise a notable influence upon the rapidity of recovery.—*Medical and Surgical Reporter*.

DIETETIC TREATMENT OF GOUT.

Prof. Pfeiffer recently read a paper on this subject before the Congress of Internal Medicine, in which he expressed the following views:—

The first indication should be the excretion of a proper amount of urea and uric acid in the urine, since the retention of this product soon produces a low, cachectic condition of the system. After this, the administration of a salt that will convert the insoluble substance into a soluble substance allowing of rapid elimination, soon relieves the pain and reduces the swelling. The first important step is to correct the diet. This should consist largely of albuminous matter, as beef, eggs, etc., as well as fat and green vegetables; but fermented drinks, starch and sugar should be forbidden. The use of a meat diet is very important, as the retention of the urea and uric acid quickly produces a cachectic condition of the system which must be early combated in the treatment; but the meat diet does more than supply this necessity, for the salts of the meat, when taken into the system, have a solvent influence that speedily raises the elimination of urea and uric acid to even more than the normal quantity. The same may be said of all proteid substances, and more particularly of eggs. Sour milk and cheese should be avoided, but fruit and salads are beneficial, as they alkalize the alimentary canal; while wine and beer have the opposite effect, and should be strictly prohibited.

The medicinal treatment should consist in the

administration of some alkaline salt, and the carbon salts seem to be the best, though phosphoric acid and boracic acid have, in some cases, proved beneficial. Hydrochloric acid and sulphuric acid are objectionable. All alkaline and mineral waters should be given in small doses to begin with, and gradually increased.—*Medical Press*.

FRACTURES OF THE NECK OF THE FEMUR.

By N. Senn, M.D., Ph. D., of Milwaukee, Wis.

1. From a scientific, prognostic and practical standpoint it is not necessary to make a distinction between intra and extra-capsular fractures of the neck of the femur.

2. An impacted fracture of the neck of the femur will unite by bony union, provided the impaction is not disturbed and is maintained by appropriate treatment for a sufficient length of time for the fragments to become united by callus.

3. Impacted fractures of the neck of the femur should be treated by a fixation dressing consisting of a plaster-of-Paris case, including the fractured limb, the pelvis and the opposite limb as far as the knee, in which a splint should be incorporated by which lateral pressure can be secured in the direction of the axis of the broken femoral neck.

4. Unimpacted fractures of the neck of the femur, both intra and extra-capsular, should be treated by immediate reduction and permanent fixation, so as to place the fragments in the same favorable condition during the process of repair as in impacted fractures.

5. Reduction is effected most readily by auto-extension and traction upon the fractured limb with the patient in the erect position, and resting his weight upon the sound limb.

6. The fixation dressing should not be removed and the lateral pressure should not be discontinued for from ten to twelve weeks, the shortest space of time required for bony union to take place.

7. Patients who have sustained a fracture of the neck of the femur should not be allowed to use the fractured limb earlier than four to six months after the accident, for fear of establishing a pseudo-arthritis at the seat of fracture.

8. The functional result is greatly improved by passive motion, massage, and the use of the faradic current.—*College and Clinical Record*.

The *Medical World* suggests that much benefit may be derived in the treatment of gonorrhoea from the application of an ointment of cocaine, morphine and atropine, with lanoline as a base, under the prepuce.

EFFICACY OF TURPENTINE IN IDIOPATHIC CROUP.

Mr. Lewentauer reports the following cases to show the prompt relief from turpentine in cases of croup:—

A child, two years old, several days sick, had been brought to the hospital in a state of threatened asphyxia. On admission he was seized with most violent dyspnoea and a paroxysm of coughing; face livid; pulse almost imperceptible. M. Lewentauer administered at once a tablespoonful of spirits of turpentine; ice-compresses were placed around the throat. The following day the condition of the child was improved; the administration of a teaspoonful of turpentine caused the false membrane to be expectorated. M. Lewentauer prescribed the following:—

R Olei terebinthinæ. 4.00 grammes [3j].
 Olei amygdalæ dulc 10.00 grammes [3iiss].
 Syr. simplicis..... 20.00 grammes [3v].
 Mucil. acaciæ..... 40.00 grammes [3x].
 Vittelli ovi, no. i... 15 00 grammes [3iv].
 Aquæ cinnamomi. 50.00 grammes [3xiis]. M.
 Sig. Take a teaspoonful every two hours.

The child was soon entirely well.

The second case was a child of four years of age, who had been under treatment for eight days for croup. There was intense dyspnoea. M. Lewentauer gave the little one a teaspoonful of turpentine, and prescribed in addition inhalations and atomizations to be given, day and night, of the following solution:—

R Olei terebinthinæ..... 3.00 grammes.
 Tinct. eucalypti glob..... 4.00 grammes.
 Acidi carbolicæ..... 4.00 grammes.
 Spts. vini rectific..... 300.00 grammes.
 Aquæ destillat..... 1000.00 grammes.

Immediately after taking the turpentine, the child was seized with a violent attack of coughing. It expectorated some muco-purulent matter and croupous membrane of a grayish-white color, which represented a perfect cast of the trachea.

The false membrane re-appearing, he gave to the child a teaspoonful of turpentine on the following day, and another on the day after. The cure was complete.—*L'Organe de la Confraternité*.

Coroners juries proverbially bring in curious verdicts. The latest is by a Pennsylvania jury: An embankment caved in on some railroad laborers, and the verdict was: "Died of gravel."

It is claimed that half a teaspoonful of chloride of ammonium in a goblet of water will almost immediately restore his faculties and powers of locomotion to a man who is helplessly intoxicated.

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MONTREAL, MARCH, 1889.

DRUGS IN TYPHOID.

At a recent meeting of the New York Academy of Medicine, Dr. Delafield, the Chairman, said that the absence of drugs in the treatment of typhoid had a very beneficial effect upon the results, and Dr. Baruch said that it seemed probable that often the medicinal treatment employed had actually damaged our patients.

UNITED STATES MEDICAL DEGREES ABROAD.

A cablegram recently appeared in the daily papers to the effect that the Senate of the University of Berlin had decided no longer to recognize the degrees of graduates in medicine from the United States, their reason for so doing being that that country contained side by side some of the very worst, as well as some of the very best medical colleges on the face of the earth, and that not having the time nor the inclination to inquire into the real standing of each, and as all graduates bore the same M.D. stamp, they were obliged to reject the

good as well as the bad. One of the leading New York journals pleads for a reconsideration of this sentence on the ground that it might offend the United States contingent to the International Medical Congress; but we think that it would be better to make use of the action of the Berlin University as a powerful argument in favor of raising the standard by means of state control until these disreputable colleges are improved out of existence.

GENERAL MEDICATION IN THE TREATMENT OF SKIN DISEASES.

Dr. A. H. Ohman Dumesnil, in the *St. Louis Clinique*, January, 1890, says that general medication is frequently of more importance in the treatment of skin diseases than local measures, and he cites an example of a strumous child of eight years suffering from eczema and tinea tartarsi who was cured by the internal administration of cod liver oil. We cannot let this opportunity pass without expressing our gratification at thus seeing a specialist for the skin advocating general treatment. With the exception of parasitic diseases, there are no diseases of the skin in which local treatment is absolutely necessary, while even in many parasitic diseases constitutional treatment is very beneficial.

LEPROSY IN CAPE BRETON.

The Government has decided to retain permanently the services of Dr. A. C. Smith, of Newcastle, N.B., as a medical expert on leprosy. Since the discovery of three cases of leprosy in Cape Breton last year, Dr. Smith has been making a thorough investigation into the ramifications for the disease, and, although there is no cause for alarm, it has been deemed expedient to continue the investigation and claim Dr. Smith's undivided attention to this work. Dr. Smith has for some years acted as visiting physician and medical adviser to the Hospital for

Lepers at Tracadie, N.B., and in that capacity has done excellent work in helping to lessen the sufferings of the poor unfortunates. The decision of the Government to permanently retain his services meets with general commendation. Dr. Smith took the *ad eundem* degree of M.D. at Bishop's College, in 1889.

COLD WATER IN TYPHOID.

From time to time we have drawn attention to the value of a therapeutic measure in typhoid fever, which has been so far, we think, too much neglected. While one after the other of the new antipyretics has been tried, and soon abandoned owing to their depressing action upon the heart, water not only holds its own, but is increasing in favor as its virtues become better understood. Let us remember once more what these virtues are. First, cold water is an antipyretic, not by depressing the vital powers, but simply by abstracting a portion of the abnormal heat; so many pints of water going into the body at 32° or 40° and coming out at 104° will cool the mass of the blood so many degrees. Secondly, when applied to the internal surface of the body at frequent intervals, by means of a sponge, it is rapidly converted into vapor; and, according to the well known law of physics, when a solid is converted into a liquid, or when a liquid is turned into a vapor, cold is produced. An example of this is seen in the freezing of microscopical specimens by means of the ether spray. In exactly the same way the temperature of the typhoid patient can be kept down as low as we like. As a rule, sponging over the whole body every four hours with tepid water will keep the temperature down to 102 degrees. Placing the patient in a cold bath, or keeping him in a wet pack, or having a spray of cold water playing upon him constantly, are all very effective methods, but there are manifest reasons why they should never become popular.

In order to propitiate the prejudice which

the lower classes especially have to cold water, it may be necessary to add a little alcohol, which is really an advantage on account of its greater volatility.

Water in typhoid is a valuable remedy for another reason, namely, because it flushes out the vital sewers. In this disease the waste is enormous, and the waste products accumulating in the blood, poison the brain and at the same time cause a general soreness and aching of the muscles and joints. These waste products being mostly nitrogenous (urea and uric acid) the skin and kidneys should eliminate them as fast as made; and, in order to do this, sufficient water for their proper solution is absolutely necessary. The fact that the urine is highly concentrated is a sufficient indication for the administration of more water in any disease. When parched with fever, there is nothing the patient craves so much for as cold water, and we cannot see any reason for refusing him as much as he wants, unless it be that it might prevent us from forcing him to drink sufficient milk. Only those of us who have had typhoid can fully appreciate the pleasure derived from a cup of cold water.

CLASS-ROOM NOTES.

(College and Clinical Record.)

In fracture of the sacrum or coccyx, pack the rectum or introduce a colpeurynter.—Dr. Mears.

In convalescence from endocarditis Prof. Da Costa insists on perfect rest in bed, and also directs the administration of iodide of potash.

In ectopic gestation Prof. Parvin makes the following division: Primarily, tubal, ovarian, interstitial; secondarily, intraligamentous and abdominal.

In syphilis 95 per cent. of all cases have bubo, and in one case in 27 suppuration occurs; while in chancreoid one case in 4 has bubo, which, as a rule, always suppurates.—Prof. Gross.

In the treatment of acute gastritis, Prof. Da Costa directs the following treatment: Keep the stomach absolutely at rest, not giving anything but iced liquids; nourish by the bowel; give hypodermics of morphine over the stomach; calomel in 1-6 gr. doses every few hours. Bismuth in decided doses.

Dissolve one-half ounce camphor in three ounces of turpentine and apply to the breasts when necessary to stop the secretion of milk.

Where a chancre becomes phagedenic cauterize the surface with carbolic acid, acid nitrate mercury, or

R Hydrarg. chloridi corrosiv.....gr. xv.
Aque destillat.....f 3 j. M.

In the treatment of chronic rhinitis (hypertrophic), Dr. Sajous recommends applications of chromic acid to the enlarged sinuses, the acid being applied on a copper probe and held in the flame of an alcohol lamp till it changes color, previous to application.

In the treatment of constipation, the diet should be easily digested, but some articles should be given which mechanically aid defecation, as oatmeal, dried apples and peaches, and brown bread. Belladonna and nux vomica are the two pre-eminent remedies. Where remedies fail faradization of the abdomen is good treatment—Prof. Da Costa.

For a case of posterior spinal sclerosis, of four years' duration, with severe headache, Prof. Da Costa directed argenti nitras $\frac{1}{4}$ gr. t. d., and for the headache the following:—

R Aconitinæ.....gr. j.
Lanolin.....3j. M.
Sig—Rub in a very small quantity at night.

For a man with progressive muscular atrophy, at the clinic, Prof. Da Costa directed avoidance of muscular exertion; gr. $\frac{1}{2}$ oxide of silver t. d., and the following:

R Liquor. potassii arsenitis.....gtt. j.
Olei morrhue.....f 3 iv. M.
Sig—t. d.

In a case of singultus [hiccough] of long standing, attacks of which would last 112 days without intermission, Prof. Da Costa ordered the following prescription, which arrested the spasms in a short time:—

R Chloral hydrat.....gr. v.
Sodii bromid.....gr. x.
Tinct. belladonnægtt. iiij.
Aq. destil.....q. s. ad f 3 j. M.
Sig—Every 4 hours.

The most popular antiseptic dressing for open wounds, in Paris, is said by the chief pharmacist of one of the hospitals to be made as follows (*N. Y. Med. Abstract*):—

R. Iodoform, 2½ gm.
Olei eucalypti, 20 gm.
Paraffin, 50 gm.
Vaseline, 50 gm. M.

It is convenient to handle, and may be used as an application to ulcers and also as an emergency dressing.

BOOK NOTICES.

TENTH ANNUAL REPORT OF THE STATE BOARD OF HEALTH OF ILLINOIS, with an appendix embracing: Coroners' Inquests; Meteorological Tables; Illinois Army Board of Medical Examiners; Official Register of Physicians and Medicines.

ESSENTIALS OF GYNÆCOLOGY. Arranged in the form of questions and answers, prepared especially for students of medicine. By Edwin B. Cragin, M.D., attending gynecologist to the Roosevelt Hospital, out-patient department; assistant surgeon to the New York Cancer Hospital, etc., with illustrations. Price, \$1.00. Philadelphia: W. B. Saunders, 913 Walnut street. London: Henry Renshaw. Melbourne: George Robertson & Co. 1890.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS, consisting of original treatises and reproductions in English, of books and monographs selected from the latest literature of foreign countries, with all illustrations, etc. Contents:—The Formation and Excretion of Uric Acid, as elucidating its action in the causation of disease. By A. Haig, M.A., M.D. The Initial Stages of Consumption; the nature and treatment, including dietetic suggestions. By Horace Dobell, M.D. Ectopic Pregnancy and Pelvic Hematocele. By Lawson Tait, F.R.C.S. Published monthly. Price, \$10.00 a year; single copies, \$1.00. February, 1890.

DIARRHŒA AND DYSENTERY. Modern Views of the Pathology and Treatment. By Prof. Alonzo B. Palmer, M.D., LL. D., Professor of Pathology and Practice of Medicine in the Department of Medicine and Surgery of the University of Michigan. George S. Davis, Detroit, Mich.

This very interesting and instructive little work forms one of the Physicians' Leisure Library Series, and, like many of its predecessors, is a regular multum-in-parvo of practical information. The subject discussed in this little volume (namely, diarrhœa) will, as the warm weather approaches, form a topic of daily interest to the physicians, and we can truly say a careful perusal of Dr. Palmer's monograph will place one in a position to treat this disease from the proper standpoint.

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES. Edited by Charles E. Sajous, M.D., and 70 Associate Editors, 5 vols., 8vo. F. A. Davis, Publishers, 1889.

This series of volumes constitutes the second issue of this important Annual. The editor states, in his preface to the work, that he has incorporated in it several new features. There have been added, to each reference, the date, number of volume of the journal quoted. Foreign weights, measures and thermometric systems are presented in their accepted cis-atlantic equivalents. There is also a complete and compact index to each volume, in addition to the full triple index of the entire work. In every respect the issue of 1889, is in point of general appearance and in typographical execution, superior to that of 1888. The associate editors have, of course, profited by the experience of the year in giving uniformity

and compactness to the work, for in the issue of the first edition it was impossible for them to realize, in advance, exactly what would be expected of them as contributors to the literary success of the Annual.

This interesting series has now become a necessity to the physician for reference, the abstracts and essays being the condensation of the choicest materials—the very cream of current periodical literature—at the hands of members of the profession whose skill and ability are universally recognized. The editor, Dr Sajous, may be specially commended for the faithful supervision, ability and industry which have conducted this model enterprise to such distinguished success.

DIABETES, MELLITUS AND INSIPIDUS. By Andrew H. Smith, M.D., Professor of Clinical Medicine and Therapeutics at the New York Post-Graduate Medical School; Physician to the Presbyterian Hospital, &c., &c. Physicians' Leisure Library Series, 1889. George S. Davis, Detroit, Mich.

The author informs us that the object of this little work is not to compress into the fewest possible words all that is known or surmised in regard to diabetes, but to give the points which will most interest those who have to manage cases of this disease. Consequently, but little space is given to the discussion of undetermined questions of physiological and pathological chemistry, etiology, &c. The writer has endeavored to reflect his own experience in the pages of what in the nature of the case must be largely a compilation. The subject chosen is undoubtedly one of deep interest to the profession, and the little volume will repay a few hours careful perusal.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS, consisting of original treatises and reproductions, in English, of books and monographs selected from the latest literature of foreign countries, with all illustrations, etc. Contents:—The Arrest of Growth in Cancer by the Interrupted Voltaic Current (Electro-Atrophy). By J. Inglis Parsons, M.D. The Dreadful Revival of Leprosy. By Sir Morell Mackenzie, M.D. Diseases of Old Age. By Dr. A. Seidel, Berlin. Urinary Neuroses of Childhood. By Dr. Louis J. Guinon, Paris. Varicose Veins of the Lower Extremities. By William H. Bennett, F.R.C.S. The Uses of Electrolysis in Surgery. By W. E. Stevenson, M.D. Published monthly. Price, \$10.00 a year; single copies, \$1.00. March 1890. New York: William Wood and Company, 56 and 58 Lafayette Place. 1890.

A HAND-BOOK OF DERMATOLOGY. For the use of students. By A. Ohmann-Dumesnil, A.M., M.D., Professor of Dermatology, St. Louis College of Physicians and Surgeons; Consulting Dermatologist to the St. Louis City Hospital; Physician for Cutaneous Diseases, Alexian Bros. Hospital, etc., Editor *St. Louis Medical and Surgical Journal*, Illustrated, *St. Louis Medical and Surgical Journal Publishing Company*.

This hand-book has been prepared at the request of the students of the St. Louis College of Physicians and Surgeons, who desired to possess a short résumé of forthcoming lectures. In its make-up, details and the discussion of mooted points have

been avoided, and well-established facts alone referred to. Only diseases of the more chronic character have been treated of. The acute exanthemata and the syphilodermata have been omitted as not strictly pertaining to the field of dermatology. The therapeutic agents recommended are such as are simple and easily obtained. The more complicated methods, rarer drugs, difficult means, and measures of doubtful value, have not been alluded to.

NERVOUS SYPHILIS. By H. C. Wood, M.D., Physicians' Leisure Library. Geo. A. Davis, Detroit.

It is difficult to exaggerate the importance of this subject. Syphilis of the central nervous system is certainly frequent. It may confront the general practitioner at the most unexpected time, and then woe to the patient if it is not promptly recognized and vigorously treated. A short delay, or a little timidity about the administration of enough mercury or potassium iodide may make all the difference between a brilliant recovery and an utterly hopeless condition. This monograph, in a compass of 135 small pages, discusses systematically, the various syphilitic lesions of the brain, cord and nerves, in the author's well-known happy manner, the didactic teaching being well illustrated by the citation of numerous cases from his unusually large experience. Some book on this subject should be in the hands of every one who does a general practice, and this is the best one we know.

PRACTICAL ELECTRICITY IN MEDICINE AND SURGERY.

By G. A. Liebig, Jr., Ph. D., assistant in Electricity John Hopkins University, lecturer on Medical Electricity, and George H. Rohé, M.D., Professor of Obstetrics and Hygiene, College of Physicians and Surgeons, Baltimore. Profusely illustrated.

It has been the endeavor of the authors to set forth, in the following pages, in a concise way, the fundamental principles which are involved in the application of electricity to medical and surgical practice.

In part I are discussed the various forms of electrical and magnetic apparatus likely to be of use to the physician in his daily experience with electricity, as well as the most suitable arrangements of cells for any given work, the construction and use of galvanometers, the theory of the chemical actions taking place in the storage-cell or accumulator, and the best methods of caring for such batteries.

A short description of the electric motor, the telephone, and phonograph is added, as all these appliances are continually, as time goes on, becoming of more value to the physician, either in the treatment or in the diagnosis of disease.

Part II takes up first the effects of electric currents upon the various tissues and organs of the body in health, then shows how these effects are modified by disease, and indicates the methods by which these modifications are utilized for purposes of diagnosis. A chapter follows descriptive of the various appliances most useful in electro-therapeutic work, which may be considered as immediately introductory to the section on electro-therapeutics.

In part III the applications of electricity in the treatment of disease are considered. The methods by which electricity is made available for thera-

peutic purposes are described, and in subsequent chapters the modes of application of this agent in the treatment of the diseases of the various organs is indicated. Particular attention has been given to the application of electricity in gynecology, the diseases of the male genito-urinary organs, and in diseases of the skin.

PERSONAL.

Dr. H. W. McGowan (M.D. McGill) has removed from Beebe Plain, Q., to Knowlton, Q.

Dr. Lacerte, of Notre Dame de Stanbridge, proposes going West, and is anxious to dispose of his property and practice. It is said to be a good opening for a physician who speaks French and English.

Dr. H. W. Wood (M.D. McGill, 1878) has relinquished practice at St. Johns, Q., having been appointed Collector of Customs at that port. If he makes as good a collector of customs as he was a physician the Government will not regret his appointment.

The late Dr. Phillip Ricord, of Paris, was the most decorated man in Europe, having more than two hundred crosses, medals and other insignia of gratitude and admiration bestowed upon him by European sovereigns.

The following additions have been made to the Faculty of the New York Post Graduate Medical School and Hospital: Charles B. Kelsey, M.D., Professor of Rectal Diseases; Charles H. Knight, M.D., Professor of Rhinology and Laryngology; Reynold W. Wilcox, M.D., Professor of Clinical Medicines; Dr. S. Lustgarten, formerly Privat Docent in Vienna University, instructor in Syphilis and Dermatology.

Dr. Casey A. Wood, late of Montreal (M.D. Bishop's, 1877), after a two years' sojourn in Europe studying ophthalmology, dividing his time between Berlin, Vienna and London, has returned. His friends made vigorous efforts to persuade him to settle once more in his old home, but after mature consideration he decided to locate in Chicago, where he has taken quarters in the Auditorium, and will confine his practice entirely to the eye. We need hardly say we wish him every success. His letters in the *Record*, when he was abroad, were much valued by our subscribers, and we hope to hear from him occasionally as to medical matters in the great city of the west.

Drs. Alexander Proudfoot, John Gardner and Stirling are candidates for the new position of assistant oculist to the Montreal General Hospital, about to be established. All are good men, but the claims of Dr. Proudfoot are, in our opinion, decidedly the strongest. An assistant gynecologist is also to be named, this also being an addition to the staff. Dr. Alloway, who has been acting as assistant gynecologist for several years, will, it is believed, not have any opposition. Dr. Alloway was an assistant surgeon to the hospital, and the vacancy, which will be created by his new appointment, is being applied for by Dr. Thos. A. Rogers, chief medical officer of the Grand Trunk Railroad, who will doubtless be elected. The indoor staff should feel proud of their assistants, who are, to say the least, professionally and in every way their equals.

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RETROSPECT OF GYNECOLOGY AND OBSTETRICS.

By A. LAPHORN SMITH, B.A., M.D., M.R.C.S., Eng., Lecturer on Gynecology. Bishop's College, Montreal.

The workers in this department are among the busiest of all, if we may judge by the great progress which is being made from day to day; gynecology and obstetrics will soon be entitled to be called exact sciences.

One of the most important advances is the almost total elimination of peritonitis from the list of causes of death. This used only a few years ago to be the *bête noir* of gynecologists and obstetricians. Now a run of four hundred confinements and seventy-five to a hundred gynecological operations without a death from peritonitis is a common occurrence. A number of causes have combined to bring about these brilliant results. In midwifery, cleanliness has played the most important part; the thorough scrubbing of the hands, fingers and nails of those who are to touch the parturient woman, the bathing of the patient herself, the thorough removal from the room of everything that has been soiled during delivery, and finally, the refraining from many unnecessary examinations, each con-

tributing its share towards lowering the death rate. While in gynecology the use of aseptic ligatures, boiled instruments, and the substitution of irrigation for sponging have robbed operations about the female pelvis of all their horrors. Within a few years even the rare cases of death due to prolonged and ineffectual efforts to extract the child through a contracted pelvis bid fair to be eliminated, owing to the more general adoption of and good results from the new method of performing Cæsaræan section, one operator, Dr. Howard Kelly, of Philadelphia, having reported three successive successful cases.

The exact figures of the mortality of the Saenger and Porro-Cæsaræan sections up to the 1st of January, 1890, are as follows: For the world—Porro, 272, with 150 deaths; the Saenger, 212, with 50 deaths. It is curious to note that the death rate for these operations is steadily coming down in all countries with the exception of France, the probable explanation being the laxity or entire absence in that country of what we understand by antiseptic precautions. Strict antisepsis, greater experience and the operation being performed earlier, before she has been exhausted by other and useless efforts at delivery, will soon bring the death rate down to that of an ordinary laparotomy.

In connection with the subject of peritonitis, there is an interesting series of articles by Paul Poirier (in the *Progrès Medical* for November, December, and January last) on the lymphatics of the female genital organs and their connection with inflammation of the uterus and its appendages, and with pelvic peritonitis, which is based upon the injection with mercury and the subsequent dissection of the lymphatics in over three hundred subjects. This is a question of great importance to the gynecologist, and one about which hitherto very little has been known. It is of interest to notice that the lymphatics above the hymen pass to the pelvic glands, while those below pass to the inguinal ones. Enlargement of these pelvic glands can be detected by rectal examination, and their arrangement explains the opening into the rectum of abscesses following vaginal injections. The uterus has three sets of lymphatics; first, in the mucous membrane; second, in the muscular substance; and, third, superficial, which all anastomose very freely in every part of the organ. They all lead into three glands, of which the largest is situated in the angle of bifurcation of the common iliac artery, and the others along the line of the internal iliac. These lymphatics pass from the uterus to the glands between layers of the broad ligament. It is strange to note that in three hundred subjects, mostly of advanced age, it was the exception to find adhesions of the pelvic organs entirely absent, owing to the existence of the sub-endothelial, or superficial plexus of lymphatics, and its free communication with the vessels of the uterine substance. Poirier concludes that no intra-uterine inflammation, except perhaps endometritis confined to the cervix, can exist without affecting the peritoneal covering and leading to adhesions. These adhesions, he says, are almost entirely made up of a lymphatic network, which is only a prolongation from that of the peritoneal covering. He demonstrates this by

finding the injections of mercury in the adhesions and occupying definite lymphatics, which terminate in efferent trunks. Another important point is his conclusion that lymphangitis plays the fundamental part. If the inflammation be chronic it leads to induration of the cellular tissue; if more acute, it gives rise to diffused or collected abscess in the sub-peritoneal cellular tissue or in the glands; or if caused by a very septic virus the latter reaches the peritoneum, causing pelvic peritonitis. So that energetic and aseptic treatment of the uterine cavity will arrest the inflammation.

SILK VS. CATGUT LIGATURES.

Every now and then a discussion takes place at some of the societies on the relative advantages of silk and catgut, and now and then we hear of silk being spoken of as a substance which becomes absorbed. The sooner this fallacy is laid aside the better. At a recent meeting of the New York Obstetrical Society, Dr. Grandin, Dr. Coe, and several others of great experience stated that they did not believe that silk ligatures were ever absorbed, and several speakers testified to having removed ligatures entirely unchanged as much as a year after they had been placed in the abdominal cavity. Catgut is the only absorbable material for ligatures, and if properly prepared by the operator himself, namely, 24 hours in ether, 12 hours in sublimate alcohol, one in a thousand, and then indefinitely in one of juniper oil to two of alcohol, it can be relied upon for asepticity, and, if large enough, also for strength and absorbability.

I have on several occasions adverted to the causes and treatment of sterility, and pointed out that no woman ought to be subjected to the danger and treatment of this condition until it is absolutely certain that the fault is hers. Pajot has shown that in a large number of cases the microscope reveals an entire absence of spermatozoa in the vagina, although in most of them the husband was apparently the picture of

health. This fact should be more generally known among practitioners. I have applied this test to the last three cases of sterility which presented themselves in my practice, and after repeated examinations I failed to find even a dead spermatozoa. In another case in which I intended to apply the test, the husband has refused ever since to give his wife an opportunity of putting his fertility to proof. Dr. Oliver (*Liverpool Medico-Chirurgical Journal*, Jan., 1890) says: "Gynecologists are too apt to infer that because a woman has been married for years without impediment to the sexual act and has never become pregnant, therefore there is some anatomical defect in her pelvic organs. A semblance of brilliant results obtained by a too meddling interference may be paraded, but careful observation teaches us that the good which follows is invariably the outcome of an enforced sexual rest. There are many occult causes of unfruitfulness with which we are unacquainted, even when there are no apparent obstacles to conception."

Commenting on the above, Dr. H. C. Coe, of New York, says (in the *American Journal of Medical Sciences*, for April): "We cannot sufficiently commend a writer who calls attention forcibly to the injustice which is done to unfruitful women, not only by their husbands, but too often by gynecologists. There are many able specialists who, whenever they find a slight ante-flexion associated with sterility, at once jump at the conclusion that the latter is directly dependent upon the former; that it is unnecessary to seek further for a cause of the sterility, and that the only treatment is divulsion and the introduction of a stem. This is all the more remarkable because these same men would never think of making such a hasty deduction under any other circumstances. Statistics of numerous miraculous cures of sterility by any given method of overcoming a supposed cervical stenosis are not useful to the general profession if they lead them to make

extravagant promises to their patients, which are only followed by bitter disappointment.

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Regular Meeting, March 21st, 1890.

DR. AMSTRONG, PRESIDENT, IN THE CHAIR.

Present. Drs. Trenholme, Jas. Bell, McGannon, of Brockville, England, Shanks, Allo-way, Finlay, Wesley Mills, F. W. Campbell, J. A. McDonald, G. T. Ross, Rollo Campbell, England, Jr., E. Schmidt, T. Blackader, Lapthorn Smith, Jas. Stewart.

After the reading of the minutes, Dr. Jas Stewart read an interesting paper on a new drug exalgine which, in his opinion, promised to be of considerable value. His paper included some considerations on the nature of pain, which elicited much interest.

DISCUSSION.—Dr. Foley wished to know what was the character of the eruption referred to by Dr. Stewart, and whether he could explain its cause.

Dr. F. W. Campbell referred to the marked susceptibility of some patients to have eruptions follow the administration of small doses of certain drugs; for instance, such as iodide of potassium. He thought this question of susceptibility was very interesting. He related cases of certain people being remarkably affected by light, others by sound, &c., which might be explained in the same way as the susceptibility to have eruptions from certain drugs.

Dr. Finlay inquired from Dr. Stewart how exalgine and others of the aromatic group compared with chloral, croton chloral, and gelsemium in relieving neuralgia.

Dr. Bell asked whether there was any hope of exalgine taking the place of opium, as it would be a great boon if it would, although, so far, he had not found anything to equal it in surgical practice.

Dr. Wesley Mills, referring to Dr. Stewart's remarks on the physiologists for not having yet discovered what pain is, wished to excuse

them on the ground that it was not a physiological process, but a pathological one. He admitted, however, that there was a great lack of deep insight among the physiologists as well as among the latest pathologists. He thought there had been no real investigation in this subject since the death of Claude Bernard. Pathology, he thought, was not at present tending in the direction of broad views. He said that under the influence of large doses of morphine the reflexes were heightened. Then, again, curare was supposed to interfere with the conduction of pain impressions. When a large dose of opium is taken, there is a period of calm with exaltation of psychic activity. He also referred to the absence of pain in hypnotism and on the battle-field. He therefore thought that there were some other nerves hitherto unknown, which, when disturbed by drugs or mental impressions, had a decided action on the pain nerves. With regard to susceptibility to eruptions, he knew of cases of hereditary susceptibility which were always accompanied with bad temper.

Dr. Armstrong had used exalgine a good deal during the last two months, with the result that it seemed to relieve the same kinds of pain and neuralgias as were cured by antifebrine and antipyrine, but a dose of four grains was not sufficient, and had generally to be repeated to produce any effect. In some cases a grain every hour for many hours acted well. It had the advantage that it did not cause nausea, and, being tasteless, was easily taken by children. In surgical cases, however, such as cellulitis of the hand it had failed entirely. It was certainly inferior to morphine and chloral, although in migraine it was much superior to them. It did not seem to have any bad effect on the heart, although it would be well to remember that it was poisonous in large doses, causing innervation of the heart.

Dr. Stewart, in reply, said that it had antipyretic effects, as had all the others of the aromatic group. He thought that exalgine had the effects common to this group markedly. He did not think it would have taken the place of opium, as it was of no use in traumatic pain. He believed it would be perfectly safe in ordinary pain-relieving doses. It differed from chloral in that it acted on other nerves besides peripheral ones.

Dr. Gardner had hoped that some information would be given on its effect upon cases of migraine which were ushered in by chills and nausea, and in which large doses of morphine were the only remedies that would give relief.

Dr. Stewart replied that he had no experience with exalgine in typical cases of migraine.

Dr. Armstrong had a case in which the patient had had migraine ever since twelve years, headache and vomiting being so severe as to keep her in bed for two days. Although morphine was the only thing that would relieve her completely, still exalgine would save her from being laid up more than one day. The other case was of 30 years standing, and was very much relieved by exalgine, which she preferred to morphine, because it did not leave any bad effects.

Dr. Alloway showed the following specimens: First, the uterus, from a lady apparently in perfect health, 46 years old, who had had one child 27 years ago. She had no hemorrhage, the only symptoms being a bearing-down feeling in the pelvis, and she had found a mass at the vulva which alarmed her. On examination a mass the size of an orange was found to be growing from the cervix. As she was desirous of having the whole organ removed this was done in January, per vaginam, using the combined ligature and clamp method, causing no hemorrhage and taking about an hour. He left the clamps on the broad ligaments for twenty hours, and a few small forceps. Creoline injections were used and a normal cicatrix was formed, and she made a good recovery. He wished to call attention to the fact that there was no hemorrhage as a symptom. 2nd. He exhibited a specimen he had removed from a case on whom he would shortly operate, which showed distinctly malignant disease. 3rd. A specimen of tubes and ovaries which he had removed from a young lady in whom the adhesions were very marked, and one of the ovaries contained a blood cyst. 4th. Appendages from a married woman, 29 years of age, who had a child ten years ago. There was a large laceration of the cervix, and he was in doubt which was the most important way, to repair the cervix or remove the tubes, which latter he decided upon and found double pyosalpinx. Of course it would have been useless to have repaired the cervix.

Dr. Gardner, referring to the case of cancer of the cervix, said that he had several times seen such cases without hemorrhage, there being only watery discharge, and he wished to impress the general practitioner with the fact that fetor of discharge was a late symptom. He also pointed out the fact that bleeding at the menopause was not natural, but would rather be considered as a symptom of cancer. With regard to the treatment, he thought that amputation of the cervix was just as good as total extirpation. He had one undoubted case which had remained perfectly well three years after amputation. In cancer of the body of the uterus, of course, total extirpation is the only thing to do, although Dr. Byrnes, of New York, had good success with the galvano cautery and other caustic appliances.

Dr. Trenholme had also come to the conclusion that the disease was sure to return sooner or later, and he had therefore abandoned the knife in such cases.

Dr. Alloway admitted that the patient would have done just as well, but it was satisfactory to know that the whole organ had been removed.

Dr. Trenholme showed three specimens: 1st. Hydrosalpinx. 2nd. Chronic salpingitis and ovaritis, in which a patient had suffered since she was 15 years old; and, 3rd, a retro-peritoneal cyst of the broad ligament, which he found it impossible to remove, and he therefore had it drawn out as much as he could and tied and cut off.

Dr. Gardner had met with some of these cases, but he had fortunately always been able to get out the cyst. As regards the case of tubal disease, there were some cases of disease without symptoms, while in others there were symptoms without disease.

Dr. Trenholme said that in nearly every case improvement had followed after removal of the tubes and ovaries for pain.

Dr. Laphorn Smith did not approve of the removal of tubes and ovaries for pain when no distinct disease could be diagnosed. Operating in such cases was sure to bring discredit upon abdominal surgery, for after undergoing the risks of the operation the patient would be as bad as ever, if not worse. In many of these cases it was neuralgia. Neuralgia is the cry of the nerves for better nourishment. When

he said nourishment he included not only food, but air, water and sunshine, the latter of which was one of the most valuable of remedies for the disease. According to this view it was easily understood in how many such cases of ovarian disease patients were rendered much worse by the use of morphine, which interfered with nutrition.

Dr. Wesley Mills thought that it often took a long time before the benefits of the operation were apparent, simply because the nerves of the part had acquired the habit of disease, which they would have to get out of after the cause had been removed.

Dr. McGannon thought that the removal of the appendages had cured many patients, although he admitted in some of them that the intelligence had been injured by the operation.

Dr. F. W. Campbell thought that Dr. Johnson should be invited to show pathological more specimens of commonly occurring diseases.

Regular Meeting, 4th April, 1890.

DR. HINGSTON IN THE CHAIR.

Present: Drs. Johnston, Jack, Rodger, Schmidt, Spendlove, Williams, J. Macdonald, Birkett, Perrigo, Gardner, Kenneth Cameron, Allen, W. Gardner, McConnell, McCarthy, Hutchison, England, Springle, DeCow, Low, Roddick, James Bell, Shepherd, Reed, Wilkins, McGannon, of Brockville, Geo. Ross, and Laphorn Smith. Dr. Taylor, of Charlottetown, P.E.I., being present as a visitor.

After routine, Dr. Johnson exhibited a pathological specimen from a case of gangrene of both lower limbs, extending as high as the knee in the right leg and as high as the ankle in the left. This condition was due to an embolism which had been formed in the heart, from which it had passed into the aorta, blocking it up in its abdominal part.

Dr. Bell said that the patient had been under his care; was 45 years of age, and had always been healthy, with the exception that she was a large user of alcohol. She had been on a spree which had led to delirium tremens, from which she was just recovering, when she suddenly became very ill, pulsation stopping in the arteries of the legs, and great difficulty of breathing coming on, and she died in about three days from heart failure.

Dr. James Bell also reported the case of a young girl who, while swallowing a piece of tongue which she had not thoroughly masticated, was suddenly taken with symptoms of suffocation. This had often happened before, ever since she had had scarlet fever some years ago, since when she had noticed a sort of saccule in the throat from which she was frequently obliged to remove pieces of food with her finger; but this piece she was unable to remove. As the house surgeon was also unable to remove it, he sent her to Dr. Major's house, who, recognizing the gravity of the case, ordered her to be admitted. When Dr. Bell saw her he found her to be suffering from cellulitis of the throat. He passed a bougie, the mere passing of which enabled her to swallow the piece of meat which had been arrested, after which she was able to swallow water, and felt greatly relieved. Dr. Bell could feel the saccule with his finger. She became emphysematous and the air passages became cedematous, and her voice became laryngeal. Her breathing continued more and more labored, until a few days later, when she died suddenly.

Dr. Johnston said that he had examined a specimen, and had found, first, the œsophagus normal throughout; but, second, that in the pharynx, at the level of the larynx, there was a large abscess cavity filled with putty-like material, apparently tubercular in character, although no tubercles could be seen in the neighboring parts. Between the œsophagus and trachea there was extensive suppuration, forming an abscess which pressed upon the larynx. On opening the abdomen there was found to be general tubercular peritonitis.

Dr. Hingston thought that the meat had had nothing to do with her death; it was merely a coincidence.

Dr. Johnston thought that the passing of probangs, etc., had done harm.

Dr. Shepherd enquired what would have been the effect of opening the abscess; and, also, what was the cause of death.

Dr. Johnston, in reply, thought that death was caused by pressure on the pneumogastrics.

Dr. Bell said that no violence whatever had been used by him, as he had employed only a soft rubber catheter.

Dr. Johnston showed a tumor of the tongue of a young dog, as large as the head of the animal from which it was removed. It was of the nature of a malignant adenoma.

Dr. Roddick was unable to show his specimen, and Dr. Major was unavoidably absent.

Dr. William Gardner exhibited a papilloma of the ovary, which he had removed the day before. It was apparently a cyst which had burst and afterwards continued to spout, so as to form a large friable mass. The patient from whom it was removed was a single woman 22 years of age, who had suffered from pain in the side and generally failing health, with œdema of the lower extremities, for a long time past. Before the operation he was not certain of its nature, as there was dullness and fluctuation in front, with clear percussion note on both flanks and upper part of abdomen. He thought it might be tubercular peritonitis. The abdomen was opened and an enormous quantity of ascitic fluid removed. The mass was very friable, like a cauliflower growing from a stalk, which latter was formed by the ovary, and there were patches of papilloma in the abdomen. In connection with this case he reminded the society of one on which he had operated last fall, in which the papilloma was entirely within the cyst, and in which he had reason to hope that the disease would not recur, which it had not done up to the present. In this case he feared that it would recur. The operation was a very bloody one, and required quick work to avoid fatal hemorrhage.

Dr. Springle described the pathological nature of the growth.

Dr. Hingston thought it looked more like a round-celled sarcoma in process of breaking down. He would like to know Dr. Gardner's reasons for coming to the conclusion that he had a tumor there at all prior to operation.

In reply to which Dr. Gardner said that he had no reasons, but that he was in doubt, and the symptoms being bad, he had opened the abdomen to see what it was.

Dr. George Ross wanted to know if there were any peritoneal adhesions to keep the fluid in front; as, if there were not, it was difficult to understand why the signs of common ascites were absent.

Dr. Gardner replied that the omentum was so adherent that he had to go through it, which, he thought, was the explanation for the fluid being kept in front.

Dr. Shepherd proposed Dr. Prager, of Nanaimo, as an ordinary member. He would read a paper next meeting which that gentleman had sent to him.

There being no other business, the meeting adjourned.

110 WEST 34TH STREET,
NEW YORK.

April 7th, 1890.

MR. EDITOR :

In a letter dated Berlin, Karlstrasse, 19, March 22nd, Dr. Lassar, the Secretary-General of the Tenth International Congress, directs me to inform the medical profession of America that a programme of the Congress and other communications will be distributed two months before the meeting amongst *those who will have registered previously and received their Tickets of Membership.*

The latter can be obtained by sending application and five dollars to Dr. Bartels, Leipsigerstrasse, 75, Berlin, S.W. By so doing the members will save much crowding and time during the first days of the Congress.

For the American Committee of the Tenth International Medical Congress,

A. JACOBI, M.D.

TENTH INTERNATIONAL MEDICAL CONGRESS.

TO BE HELD IN BERLIN, AUGUST 4TH TO 9TH.

The Committee of Organization of the Tenth International Medical Congress, R. Virchow, President; E. von Bergmann, E. Leyden, W. Waldeyer, Vice-Presidents; O. Lassar, Secretary-General, have appointed the undersigned members of an American Committee for the purpose of enlisting the sympathy and co-operation of the American profession.

We are assured that the medical men of our country will receive a hearty welcome in Berlin. The Congress promises to prove of inestimable value in its educational results, and in securing the ties of international professional brotherhood.

It is most important that the American profession should participate both in its labors and its fruits.

Delegates of American medical societies and institutions, and individual members of the profession, will be admitted on equal terms. The undersigned, therefore, beg to express their hope that a large number of the distinguished men of our country will appreciate both the honor conferred by this cordial invitation and the opportunity afforded us to fitly represent American medicine.

The Congress will be held at Berlin, from the fourth to the ninth of August.

The arrangements in regard to a few general meetings and the main scientific work, which is delegated to the sections, are the same as in former sessions. A medico-scientific exhibition, the programme of which has been published a few weeks ago, is to form an ingredient part. It is to the latter that the Berlin Committee is very anxious that both the scientific and secular press should be requested to give the greatest possible publicity.

The office of the Secretary General is Karlstrasse, 19, N.W., Berlin, Germany.

S. C. Busey, Washington, D.C.; Wm. H. Draper, New York; R. H. Fitz, Boston, Mass.; H. Hun, Albany, N.Y.; A. Jacobi, New York; Wm. T. Lusk, New York; Wm. Osler, Boston, Mass.; Wm. Pepper, Philadelphia, Pa.; J. Peyre Porcher, Charleston, S.C.; J. Stewart, Montreal, Can.

As a mouth wash in cases of dental caries :

R. Tannin,	4.0
Potass. iodidi,	0.5
Tr. iodini,	2.5
Tr. myrrh,	2.5
Aq. rosæ,	100.0 M.

Use a teaspoonful in a glass of warm water.—
Centralblatt fur Therapie.

Antiseptic cotton may be prepared as follows :

Mercury biniodide,	p. 8
Potassium iodide,	p. 3
Glycerine,	p. 120
Distilled water,	q. s. ad p. 2400

Dip absorbent cotton in the solution and then dry it.—*Canada Pract.*

Progress of Science.

JUGULATING PNEUMONIA.

At the recent Therapeutical Congress, in M. Petrescii, of Bucharest, claimed that pneumonia could be aborted in its early stages by giving large doses of digitalis, *e.g.*, four to eight grammes (3j. to 3ij.) of the leaves of infusion, daily.—*N. Y. Med. Record*.

POTASSIUM BROMIDE AND BELLADONNA FOR ENURISIS.

Dr. J. T. Richards recommends very highly a combination of belladonna with bromide potassium in the treatment of nocturnal incontinence of urine. He reports two cases in the *British Medical Journal*, of June 22, 1880, in which this mixture was effectual after belladonna alone and several other drugs had notably failed.—*Med. Record*.

PRACTICAL METHOD OF MIXING VASELINE AND WATER.

Krebo (*Mal. Cut. et Syph.*, No. 2, 2889) has found that the addition of a few drops of castor oil to promade containing vaseline and aqueous liquids effects their amalgamation. Two drops of the oil to a gramme of the liquid to be mixed with the vaseline are sufficient to make a fine emulsion.—*Jour. of Cut. Ven. Diseases*.

TO ABORT FURUNCLES.

Jorissen recommends, to abort boils, one or more frictions daily with an ointment composed of

Red oxide of mercury,	5 grains.
Lanoline,	1 ounce

Each friction should last for three or four minutes.—*Med. and Surg. Reporter*.

THE CURE OF BUNIONS BY PHENIC ACID.

Dr. Salemi, of Nice, uses the following method: The foot is washed with soap and water, after which the adjoining healthy parts are protected by a thick coat of elastic collodion. The acid is now melted and applied to the hardened surface by means of a pointed brush. After allowing it to dry for several minutes, the excess of acid remaining may be taken up with ordinary blotting paper: This application should be repeated every three or four days until a cure results.—*Revue Medicale de Louvain*.—*Times and Register*.

SULPHONAL.

One of the most promising of the new drugs is sulphonal, the new hypnotic. In most cases it produces a natural, refreshing sleep without disagreeable sequelæ. It is most efficient in purely nervous conditions, functional or organic, but is often very serviceable in delirium tremens or other forms of mania. It is without smell and is almost tasteless. The dose is fifteen to forty-five grains, best administered in capsule as it is insoluble.

ERGOT IN CHOLERA.

Surgeon-Major Comerford, of India, has recently been using the fluid extract of ergot with marked success in the first stages of cholera and in severe diarrhœa. The drug was used hypodermically in ten minim doses. In every instance its use was followed by complete success, the diarrhœa being quickly checked and collapse averted. These results were, however, only obtainable during the first stages of the disease.—*Med. and Surg. Reporter*.

TREATMENT OF WARTS.

Altschul recommends the treatment of warts by Unna's method, namely, mercurial ointment, containing 5 to 10 per cent. arsenic. The ointment is spread on linen, and applied over the wart, which gradually softens, and is finally absorbed without leaving any mark. The method is painless. The treatment of warts by arsenical paste is by no means a new one, and its efficacy has been frequently confirmed.—*British Medical Journal*.

TREATMENT OF LUPUS BY CARBOLIC ACID.

Dr. Cordero reports three cases of lupus of the face cured by atomization of a 10 per cent. solution of carbolic acid, daily, for fifteen or twenty minutes, after which the part is covered with a dressing of the same solution. Within ten or fifteen days cicatrization begins, and the cure is completed. He explains it by the antibacterial effect of the acid. The author believes that the same beneficial effect might be obtained in cases of epithelioma.—*Gaceta Médica City of Mexico*.—*Satellite*

DEODORIZATION OF IODOFORM WITH TAR.

Ehrmann, of Vienna was the first to notice that a pomade of iodoform to which tar had been added no longer possessed the odor of the former drug, and he has employed this pomade in the treatment of syphilitic ulcers. M. Négel, of Jassy, has also remarked this fact.

M. Konya has obtained, by mixing 10 parts of iodoform with 100 of tar, a paste in which the odor of the tar alone was noticeable.

By the addition of only 5 per cent. a pulverized mixture is obtained which has no odor of iodoform.—*Lyon Médical.—Times and Register*.

TO ABORT COLD IN THE HEAD.

The *Chemist and Druggist* claims that the following formula will frequently abort a cold in the head, if taken at bedtime on the day the cold makes its appearance :

R	Tr. camph comp.,	fʒj
	Tr. cinchon. comp.,	fʒij
	Sp. æth, nit.,	fʒj
	Aquam. ad.,	fʒij
	Ft. haust.	

ABORTING ABSCESES.

Apply a yeast poultice to the affected parts upon which equal parts of borate of soda, boric acid, salicylic acid and powdered tannin should be dusted.

A moderate dose of calomel should be given internally. This treatment is usually sufficient to abort an abscess, if it is resorted to when the local symptoms first make their appearance.

Frictions with the following ointment will also be found valuable :

R	Salicylate of bismuth	2½ drachms.
	Lanoline	7½ drachms.

—*Le Bulletin Méd.*

TREATMENT OF INGROWING NAILS.

Dr. Hofmann, of Erlangen, recommends a simple and painless method of treating this complaint. After the part is thoroughly cleansed and disinfected by sublimate solutions, a few drops of liq. ferr. perchl. are dropped on the affected spot. The edge of the nail is gently raised. It is then dried. This is repeated on the second and third day. If suppuration takes place, the hardened scabs are to be removed with forceps, and the ferr. perch. again applied. The nail soon becomes soft and brittle so that it can be easily removed, and without pain.—*Med. Press and Circular*.

PHENACETIN IN PERTUSSIS.

Dr. Geo. C. Irwin, of Sabetha, Kansas, reports a case of uncomplicated pertussis, with severe laryngeal spasms of hourly occurrence, in an infant aged three months, for which, after using atropia, antipyrin, quinine, and other remedies so often recommended for this disease, he gave phenacetin in one-half grain doses in ten drops of pure glycerin, which is a moderately good

solvent, and was surprised to find that it immediately gave relief, so that the first night after using it every four hours the child obtained six and one-half hours' good rest, and there has been a steady and gradual improvement since.—*Archives of Pediatrics*.

MIXTURE FOR WAX CONCRETATIONS IN THE EAR.

The following formula is suggested in *La Clinique* with the view of facilitating the removal of accumulations of wax in the external auditory meatus :

R	Acidi berici,	gr. lv.
	Glycerini,	f ʒ jss.
	Aquæ dest.,	f ʒ jss.

This should be warmed and instilled into the ear, leaving it there for a quarter of an hour, and repeating the process for a day or two. The result is to soften the plugs and make their removal comparatively easy by means of the syringe.—*London Medical Recorder*.

AN IDEAL ANTISEPTIC.

Dr. Rotter (*Congrès de Naturalistes Allemands*) gives the following as an "Ideal Antiseptic" :—

R	Corrosive sublimate,	5 parts.
	Sodium Chloride,	25 "
	Acid carbolic,	200 "
	Zinc chloride,	
	Zinc sulphocarbolate,	āā 500 "
	Acid boracic,	300 "
	Acid salicylic,	60 "
	Thymol,	
	Acid citric,	āā 10 "
	Water,	100,000 "

This solution does not corrode surgical instruments.—*Gazette de Gynéologie.—Satellite*.

A PRECAUTION TO BE TAKEN AFTER GIVING AN INJECTION OF MORPHINE.

M. Huchard, in his fortnightly notes on therapeutics, points out how necessary it is, after giving a hypodermic injection of morphine, to maintain perfect silence in the room where the patient is lying. Morphine, far from suppressing sensitiveness, like chloroform, rather tends to exalt the excitability, and particularly the liability to disturbance from slight noises. This peculiar exaltation of excitability is most marked in the frog, but may also be noted in other animals and in man, though the fact does not appear to have received proper attention hitherto. The failure of morphine injections to procure sleep is, in the majority of instances, due to neglect of this simple precaution.—*London Medical Recorder*.

CHLORALAMIDE, THE NEW HYPNOTIC.

Dr. E. Peiper communicates to the *Deutsche med. Wochenschrift*, No. 32, 1889, an account of the experiences at Mosler's clinic with chloral-amide. It was given in the form of a powder, in doses of from 15 to 45 grains, with 15 grains of elæosaccharum of fennel (a mixture of oil of fennel, one drop, and sugar, 15 grains); or in capsules, to be followed with a drink of milk, water, or coffee. It was frequently also given in a mixture:

R. Chloralamide,	gr. xlv.
Acidi hydrochlor. dil.,	qtt. v.
Aquæ destil.,	fʒiij.
Syr. rubi Idæi,	fʒiiss

M. Sig. To be taken in one dose.

—*Med. and Surg. Reporter.*

MUSTARD PLASTER.

Never place a cold mustard plaster upon a patient. The shock is like a sudden plunge into cold water. Before you commence to mix the paste be sure you have all the necessary material at hand. First, put a large plate where it can get warm, not hot. Then stir the mustard and flour thoroughly together before you add the water, which should be tepid, stir in enough water to make a paste about the consistency of French mustard. Place your cloth (an old handkerchief is best) on the warm plate, spreading the paste in the middle of it, leaving a margin wide enough to lap well over on all sides. Do not remove paste from the plate until ready to apply. Place a folded cloth between paste and patient's clothing.—*Trained Nurse.*

BROMIDE OF POTASSIUM AS AN ANTI
DOTE TO IODOFORM.

A case of resection of a carcinomatous rectum is referred to in the *Wiener Med. Blatter* for July 11, 1889, in which symptoms of poisoning were produced through the use of iodoform. Under the use of bromide of potassium rapid relief was obtained. This condition is explained by Samter and Retzlaff as due to the fact that bromide of potassium exceeds all other salts in its power for dissolving iodine compounds. They state that if a test-tube be half filled with a solution of potassium bromide (1 to 3), fifty drops of tincture of iodine may be added without the iodine being displaced from its solution with the potassium bromide. This condition persists for several days, and bromide of potassium, of all the different salts recommended in iodoform-poisoning, is the only one which is capable of retaining the iodine in permanent solution.—*Therap. Gaz.*

A NEW TOPICAL PREPARATION OF
IODINE.

M. Eymennet uses paper free from size, which he saturates with iodide of potassium, and another paper similarly treated with iodate of potassium and tartaric acid. These papers, separated by a very thin sheet of plain paper, are then brought together with gutta-percha fasteners and enclosed in a thin sheet of gutta-percha. Plasters thus made will keep indefinitely, and the iodine does not appear until the paper is immersed in water. On application, iodine is disengaged from the paper during about forty-five minutes. The amount disengaged is about thirty centigrammes for each leaf. The author states that an application of these leaves for forty or fifty minutes produces better effects than can be had by five or six hours application of iodized cotton, or five or six paintings with the tincture. The plasters do not burn the skin, and are tolerated for from half an hour to an hour. When necessary they may be covered with gutta-percha, and the clothing thus be protected.—*Am. Jour. of Pharm.*

IODIDE OF POTASSIUM IN DISEASES
OF THE HEART.

In a lengthy article addressed to the Académie de Médecine on this subject, Professor G. Sées arrives at the following conclusions:

The true medicament for the heart is the iodide of potassium. Far from being a depressant, as has been sustained, it is applicable, on the contrary, in valvular lesions or in myocardiacs with feeble pressure; it increases first the energy of the heart, and also the vascular pressure.

Then, again, in dilating the arterioles, it increases the blood to the part, and as a result the heart finds itself delivered from its resistance and recovers its contractile power. The iodide thus becomes a true heart tonic. And by the vaso-dilatation, which naturally extends to the coronary arteries, or feeders of the heart itself, the iodide, in doses of from two to three grammes, and not in the insignificant doses of half a gramme, renders a new service in promoting the movement of the blood, as well as the nutrition itself of the central organ of the circulation, notwithstanding what morbid condition may there exist.—*Times and Register.*

THE TREATMENT OF BURNS WITH
IODOFORM.

Dr. Schiff of Vienna, finds that iodoform alleviates the pain of burns and causes rapid healing. The vesicles are excised, and the wound cleansed with cotton moistened in a one-half per cent. solution of sodium chloride. The wound is then covered with several layers of dry

iodoform gauze, over which is placed a piece of gutta percha tissue, a layer of absorbent cotton, and the bandage. When the secretions make their way to the upper surface of the dressings, the bandage and cotton are renewed, but the gauze is allowed to remain to the end of the first or second week. For burns of the face, Mosetig recommends an iodoform salve, 1 to 20, and over this a mask of gutta percha. Shiff has treated in this manner 109 cases of burns, and in most of them obtained prompt healing. Hebra has always seen good results from this treatment if used at the beginning before the scabs have fallen off. If employed later iodoform delays cicatrization, and may be advantageously replaced by resorcin (1 or 2 per cent.), which causes rapid formation of epithelium.—*Wiener Med. Presse—Internat. Jour. Surg.*

THE TREATMENT OF SEVERE CHOREA BY PROLONGED SLEEP.

We have already published the experience of Dr. Bastian as to the treatment of severe chorea by prolonged sleep induced by large doses of chloral, and his observations have elicited a paper from Dr. Gairdner, which is published in the *Lancet* for August 3, 1889.

Dr. Gairdner writes that his experiments enable him to formulate the following conclusions as to the use of chloral in chorea: 1. That it sometimes succeeds in chorea absolutely, where other remedies fail. 2. That it can be depended on, as a rule, in very severe cases, to initiate a treatment which may be afterwards successfully carried out otherwise. 3. That in such cases it has an almost absolute power of suspending or controlling spasm during the persistence of its deep hypnotic action, and is therefore invaluable as a palliative, care being taken of course to avoid poisoning, either acute or chronic. 4. That this or other limitations will interfere with the curative action of the remedy in some very inveterate cases; the failure of chloral hydrate in these cases, however being common to it, with all other remedies.—*Therap. Gaz.*

PHENACETIN IN THE TREATMENT OF NEURALGIA.

According to Dr. Ott (*Zeitschrift für Therapie*, May 15, 1889) phenacetin in doses of from 7½ to 75 grs. daily, possesses most marked value, according to his experience, in the treatment of neuralgia of peripheral origin, while it is without action in treatment of neuralgia dependent upon disease of the brain or spinal cord. Dr. Ott administers the remedy in the form of a powder, enclosed in capsules in doses of 7½ grains, and has never had occasion to use larger amounts. One or two of these

powders, given at intervals of an hour, are found to succeed easily in arresting suffering. His most brilliant results are stated to have been obtained in the use of phenacetin in hemicrania, and in occipital neuralgia, which so frequently occurs in women during the menstrual period, or in men in consequence of marked hæmorrhoidal congestion. In one case of hemicrania he had marked success even after the patient had before taken antipyrin without avail. In pure trigeminal neuralgia it only produces transient relief, so that final resort must be had to other remedies. It produced no effect in an extremely severe case of sciatica, even though the dose was increased to 75 grs. in twenty-four hours. Unfortunately, the economy appears to become used to phenacetin, and after continued employment, its analgesic properties are lost.—*Denver Med. Times.*

TURPENTINE IN AFFECTIONS OF THE THROAT AND LUNGS.

Dr. Arthur E. Spohn, M.D., Corpus Christi, Texas, says: I have been using pure oil of turpentine in affections of the throat and lungs for some time, and find better and more satisfactory results than from any other remedy I ever tried. I used the ordinary hand atomizer, and throw a spray of the liquid into the throat every few minutes or at longer intervals, according to the gravity of the case. The bulb of the instrument should be compressed as the act of inspiration commences, so as to insure application of the remedy to the whole surface, which can be done in cases of children very successfully. It is surprising how a diphtheritic membrane will melt away under an almost constant spray of pure oil of turpentine. I now use the turpentine spray whenever a child complains of a sore throat of any kind.

In cases of tuberculosis of the lungs, bronchitis, and the later stages of pneumonia, I have found the turpentine inhalations very beneficial. I use an atomizer, or paper funnel, from which the turpentine may be inhaled at will. I hang around the bed, and in the room, flannel cloths saturated with oil of turpentine, in all cases of catarrhal bronchitis—in fact in all affections of the air passages; and my patients invariably express themselves as being very much relieved.—*Med. and Surg. Reporter.*

THE PHYSICIAN'S RIGHTS IN FIXING A FEE.

Judge Brady, of the New York city Supreme Court, has decided, in an action by a surgeon for professional services that the plaintiff has a right to show that his standing in the profession is high as bearing upon the question of the measure of his compensation. The judge further

said: "There is also evidence tending to establish a custom or rule of guidance as to charges of physicians for services rendered, and which makes the amount dependent upon the means of his patient—his financial ability or condition. This is a benevolent practice, which does not affect the abstract question of value, nor impose any legal obligation to adopt it, and cannot be said to be universal. Indeed, there does not seem to be any standard by which, in the application of the rule, the amount to be paid can be ascertained. Each case is under the special disposition of the surgeon or physician attending, and he is to decide as to the reduction to be made on account of the circumstances of his patient; and therefore, when the amount is in dispute, it follows that it is to be determined by proofs to be given on either side. The measure of compensation must be controlled more or less by ability in all the professions, and the service rendered by its responsibilities and success."—*Druggists' Circular*.

TREATMENT OF DANDRUFF.

The *Chemist and Druggist*, Oct. 26, 1889 gives the following as being good applications for dandruff. A teaspoonful of either should be well rubbed into the roots of the hair, and then dried with a soft cloth. If the hair is of a dry nature, a little good pomade may be used occasionally.

I.

R	Tincture of quillaia (1 in 10),	200 parts
	Tincture of capsicum,	5 "
	Eau de Cologne,	20 "
	Glycerine,	30 "
	Carbonate of ammonia,	3 "
	Mix.	

II.

R	Spirit of ether,	3 ounces
	Tincture of benzoin,	2 drachms
	Vanillin	$\frac{1}{2}$ grain
	Heliotropin	$1\frac{1}{2}$ "
	Oil of rose geranium,	2 drops
	Mix.	

As a pomade the following is recommended:

	Salicylic acid	30 grains
	Borax,	15 "
	Peruvian balsam,	25 minims
	Oil of anise,	6 drops
	Oil of bergamot,	20 "
	Vaseline,	6 drachms,
	Mix.	

—*Med. and Surg. Reporter*.

NON-TUBERCULAR HÆMOPTYSIS.

In an address delivered before the Medical Society of London, and published in the *British Medical Journal*, Sir Andrew Clark gave the

results of his study upon a form of non-tubercular and non-cardiac hæmoptysis occurring in elderly persons. He cites several instances of this variety of pulmonary hemorrhage, or arthritic hæmoptysis—as he ventures to call it—and after a brief consideration of its main characteristics, draws the following conclusions:—

1. There occurs in elderly persons free from ordinary diseases of the heart and lungs, a form of hæmoptysis, arising out of minute structural alterations in the terminal blood vessels of the lung.

2. These vascular alterations occur in persons of the arthritic diathesis resemble the vascular alterations found in osteo arthritic articulations, and are themselves of an arthritic nature.

3. Although sometimes leading to a fatal issue, this variety of hæmoptysis usually subsides without the supervision of any worse anatomical lesion of the heart or of the lungs.

4. When present this variety of hemorrhage is aggravated or maintained by the administration of large doses of strong astringents, by the application of ice bags to the chest, and by an unrestricted indulgence in liquids to allay the thirst which the astringents create.

5. The treatment which appears at present to be the most successful in this variety of hæmoptysis consists in diet and quiet, in the restricted use of liquids, and the stilling of cough; in calomel and salines; in the use of alkalies with iodide of potassium, and in frequently renewed counter-irritation.—*Times and Register*.

THE TREATMENT OF SCROFULOUS GLANDS.

In an admirable article on this interesting subject, Dr. Frederick Treves presents in the *Lancet* the following suggestion:

He recommends that the patient be placed under the best hygienic surroundings possible, as the basis of all further treatment. He claims that special benefit may be derived from a long residence upon the sea-coast, especially where there may be found large quantities of sea-weed exposed to the action of the sun. It is needed, in addition, that sufficient attention be paid to the proper clothing of the individual, care being taken that the skin from the neck to the ankles and wrists be covered with wool. Iron, arsenic, cod-liver oil, and quinine should be exhibited in the usual doses, and iodine as found in the well-known Kreuznach water is often of benefit.

The local treatment should embrace a careful survey of the whole periphery, and any abrasion of the tissues from which the lymph-vessels run should be carefully dealt with. Thus enlarged tonsils, scrofulous pharyngitis, affections of the mouth and teeth, coryza, ozæna, otorrhœa, phlyctenular ophthalmia, and eczema of the scalp, all of which are common causes of disturb-

ance, must be rigidly treated. The glands themselves should be protected from all irritation and fluctuation of temperature. Local applications, such as iodine, compresses of sea-weed, and ointments are of but comparatively little value. The most important local measure consists in giving rest to the part. If operative procedures be considered, the earlier the operation be performed the easier it will be. The gland should be cut out, and not torn out. No drainage tube should be employed if it can be avoided. After the operation the neck must be kept absolutely rigid for not less than ten days.—*Times and Register*.

RADICAL CURE OF NASAL CATARRH.

Some time since, Sir Andrew Clark recommended the application of glycerine and carbolic acid to the nasal mucous membrane as an effectual way of bringing about a permanent cure of that distressing and common affection, a cold in the head, by virtually destroying the membrane, the abnormal reaction of which to slight stimuli was the source of the mischief. Although he stated that it had given excellent results in his hands, we have not heard since of its having come into general use, possibly because, though a reliable, it was likewise a very painful and exceedingly disagreeable proceeding. An American physician, practising in a country and a climate in which coryza is chronically epidemic and among a race of men who have inherited the Anglo-Saxon proclivity to catarrh, has suggested a measure founded on a similar principle, which, however, is claimed to be equally effectual and painless withal. He recommends the application, by means of a plug of cotton-wool on a suitable stem, of solutions of chromic acid, varying in strength from one to ten per cent., the former being powerfully astringent and the latter not less powerfully caustic. He points out that in proper strength chromic acid instantly combines with gelatinous and albuminous substances to form a tough, leather-like compound. It is essential to operate with a perfectly pure acid, or pain will otherwise be felt. He recommends giving 1-200 of a grain of atropine shortly before making the application, in order to lessen the flow of mucus. The parts are then carefully examined and the sensitive spots mapped out for the subsequent application of the acid in a from five to eight per cent. solution. It is advised to operate on the two nostrils separately.—*Med. Press and Circular*.

CONFECTIONER'S DISEASE.

A disease, peculiar to confectioners, has been recently observed in France. It occurs principally in persons engaged in the manufacture

of candied fruit and "maron glacés" or candied chestnuts. Five cases observed by Dr. Albertin, of Lyons, and described in the *Gazette Hebdomadaire*, March 19, 1889, well illustrate the nature of the disease. The affection is restricted to the nails of the hands, and usually first makes its appearance at the sides of the nails, the periungual portion becoming loosened and raised up, the nail losing its polish and becoming black. In more advanced cases an inflamed swelling appears at the base of the nail. The nail is rough, scaly, and in some cases broken in several fragments; but is never cut off in its entirety. Finally the terminal phalanx also undergoes a change in form and becomes flat and widened. In the earlier form of the disease very little pain is experienced and the patient is able to go on with his work. The disease disappears as soon as the work is discontinued, although a deformed nail and a flat or bent terminal phalanx is apt to remain. Albertin states that among the large number of candy factories which he has visited, he has not found one in which from one to three workmen were not suffering with the disease.

It is evident that the affection is caused by handling and working in the various substances employed in the manufacture of candies, among which are mallic, tartaric and citric acids. The hands are also alternately in hot and cold liquids; and this, as well as the manipulation of the preparations, by means of which the irritating substances find their way under the nails, may be regarded as causative factors.

Albertin has given the malady the name of "professional onyxia and peri-onyxia," and believes it to be exclusively restricted to confectioners. It would be interesting to know whether this disease exists in this country, where manufacture of candies is so extensive.—*Editorial in Med. and Surg. Reporter*.

TREATMENT OF ECZEMA.

Dr. Unna, of Hamburg, publishes, in the *Monatsschrift für Dermatologie*, a paper on "The Diagnosis, Etiology and Treatment of Eczema." He says that even before the experimental cultivation of bacilli, exact clinical observation had distinguished a number of entirely different types of eczema, and he thinks that each different type will be found to require a different mode of treatment. The type most frequently seen in Hamburg is seborrhœic eczema, and the parasite causing it is that which in the first instance produces pityriasis capitis. Those persons who suffer from seborrhœic eczema of the head, including those affected with pityriasis capitis, are apt to suffer from the same kind of eczema on other parts of the skin. Dr. Unna has repeatedly pointed out that we possess a series of valuable remedies for the treatment of seborrhœic eczema in all its forms

—viz., sulphur, resorcin, chrysarobin, and pyrogallol. Of these remedies resorcin is the best, as being the least likely to produce local or general ill-effects. It may also be used in an alcoholic or watery solution, or in the form of ointment, paste, soap or powder. Dr. Unna's favorite formula is a solution of three drachms of finely powdered resorcin with an equal quantity of glycerine in six ounces of alcohol diluted with four times the quantity of water or camomile tea. A thin layer of cotton, well moistened with the solution, is applied, covered with some waterproof material, and fastened by a bandage. These applications are particularly useful when the treatment is prolonged, or when it is carried out by night. They are, of course, impossible in general eczema of adults, but not in that of infants. Dr. Unna describes an especially important effect following the application of resorcin—viz., a swelling of the epidermis, by which all painful fissures are healed in a single night. In order to ensure healing, he advises that the skin should be anointed after the removal of the bandage, and that washing with soap should be avoided. A few people suffer from a resorcin idiosyncrasy, which necessitates the immediate cessation of this treatment, and the application of powder to the affected parts. This idiosyncrasy is, however, very rare, as he has only met with it ten times in five years' observation, during which time he has seen 2,000 cases. He remarks that his treatment is not adapted to cases of long-existing eczema in which strongly-infiltrated or thickly-indurated patches occur.—*Lancet*.

THE LOCAL TREATMENT OF ERYSIPELAS.

It is now tolerably well recognized that the destructive fever in erysipelas can only be arrested through the prevention of the spread of the local process, and unless this be accomplished all antipyretics will fail in arresting the fever. For more than a decade numerous remedies have been employed with more or less success in the local treatment of erysipelas. In many cases marked success will be attained through the use of Professor Wolfer's so-called mechanical treatment of erysipelas.

In the *Wiener. Med. Wochen* for July 6, 1889, Dr. Berthold Hamburger writes that he has obtained more satisfactory results by a much simpler and more practical method, which he has employed for more than ten years. His plan consisted in painting with tincture of iodine around the margin of the erysipelatous spots a border about one or two inches broad, the application to be repeated at least twice daily as long as there is any tendency of the disease to spread. Dr. Hamburger claims that in this way the extension of the disease may be readily prevented, even when it occurs on the

head. No complaint is made as to any irritation being produced by the constant use of the iodine tincture, a fact which is, however, explicable on the ground that not more than a few days at the most are required to arrest the spread of the affection. In a few cases the author states that in twenty-four hours the local process will be ameliorated, and will be accompanied by a corresponding fall of temperature. The author states that the skin must be tested by the touch in order to accurately determine the limit of the disease. For extreme sensibility may be present considerably beyond the visible limits of the disease, and the iodine should be applied on the healthy skin beyond the limits of increased sensibility. Local application of oils and cold on the erysipelatous localities will prove most agreeable to the patient.—*Therap. Gaz.*

TREATMENT OF ENDOMETRITIS.

In the treatment of the milder cases of endometritis, Terrier introduces medicated pencils into the cavity of the uterus. He recommends for this purpose, in the *Semaine Medicale*, iodoform or corrosive sublimate :

R	Iodoformi,	gr. cl.
	Gummii tragacanth,	gr. viiss.
	Glycerini,	
	Aquæ destil. āā	q. s.
Ut fiant bacilla (pencils) No. X.		

The pencils made according to this formula are said to be about the size of sticks of nitrate of silver. Resorcin or salol may be used instead of iodoform.

Terrier recommends the following formula for making corrosive sublimate pencils :

R	Hydrarg. chlor. cor.,	gr. viiss.
	Talc,	3 viiss.
	Gummi tragacanth	gr. xxij.
	Aquæ destil.,	
	Glycerini āā,	q. s.
Ut fiant bacilli, No. L.		

The vagina is first washed out with a one per thousand solution of corrosive sublimate, and then the pencils are introduced into the cavity of the uterus. They are prevented from slipping out by tamponing the vagina with iodoform gauze.—*Wiener med. Presse—Med. and Surg. Reporter*.

The following pleasant purgative for children is suggested by a writer in *Med. Age* :

R.	Olei ricini,	
	Syrup. rhei aromat.,	
	Cascara cordial,	āā 3j. M.

Sig—Dose, a teaspoonful, or more if needed.

SOME USEFUL REMEDIES FOR SLEEP-LESSNESS.

The following useful formulæ for the administration of hypnotics were given in a recent number of the *Deutsche med. Wochenschrift*.

- R Amylen. hydrat., grs. cv.
Aque destil., f 3 ii.
Ext. Glycyrrhizæ, 3 iiss.
M. Sig. Half to be taken in the evening before going to sleep.
- R Amylen. hydrat., ℥ lxxv.
Mucil. Acaciæ, f 3 v.
Aque destil., f 3 iiss.
M. Sig. For a clyster.
- R Chloralis, 3i.
Aque destil.,
Syr. cort. Aurant. āā f 3 x.
M. Sig. Dose, one to two tablespoonfuls.
- R Chloralis, gr. xlv.
Potass. brom., gr. lxxv.
Aque destil., f 3 iii.
Syr. Aurantii, f 3 iiss.
M. Sig. The third part to be taken once, in the evening.
- R Lactucarii, gr. ix.
Gum. Acaciæ, 3i.
Aque destil. q.s. fiat emulsio, f 3 vi.
Adde:
Syr. Aurantii, f 3 i.
M. Sig. A tablespoonful every hour.
- R Paraldehyde, f 3 i—f 3 iiss.
Aque destil., f 3 iii.
Syr. simplicis, f 3 iiss.
M. Sig. Half to be taken once.
- R Phenacetin, gr. viiss—xxiii.
M. Dispense doses tales No. VI.
Sig. One powder in the evening.
- R Sulphonal, gr. xv—xxx.
Divide in 5 equal parts.
Sig. One powder in *cachets* in evening.
- R Urethan, f 3 i.
Aque destil., f 3 x.
Syr. Aurantii, f 3 v.
M. Sig. To be given in tablespoonful doses at intervals of one-half to one hour, according to desired effect.

—Wiener med. Presse.

TREATMENT OF BRIGHT'S DISEASE.

Among the various methods proposed for the treatment of Bright's disease, one of the most recent is that of a prolonged stay in a room with a very high temperature. This method, which was proposed by Dr. Luton of Rheims, in

August of this year, appears to be rational, and it certainly gave a good result in a case in which he watched its effects. It takes advantage of the intimate relation which exists between the skin and the kidneys in the function of excreting water. If patients with albuminuria, dropsy and a disposition to uremia are kept in a room with a temperature of 95° Fahr., a condition is provided appropriate to their sensitiveness to cold, while their defective excretion of urine is made up for by perspiration, the kidneys diminish their functional activity, and, under the influences of this relative rest, gradually return to their normal condition.

A small room, a quiet bed, a stove and a thermometer are all that is necessary. The degree of warmth must be such that the patient will be kept always on the border between perspiration and moisture of the skin. The principal part of the treatment is the constant staying in moderately warm and dry air. The method entails some discomforts in attendance upon the patient which, for the most part, can be obviated by having a window in the door.

Dr. Luton learned this method of treatment by accident. A woman who was affected with Bright's disease passed through different methods of treatment unsuccessfully, and then went to the Hotel Dieu. Dr. Luton was always astonished when he entered her room to find how extraordinary warm it was—at a temperature of 95° Fahr. While he himself felt very uncomfortable, the patient was very well and was scarcely noticed to sweat. There was no occasion to change the treatment; the patient recovered, the œdema subsided, and the albumin disappeared from her urine. After a month the temperature of the room was gradually lowered, and after a second month the woman left the room cured. Since more than a year the patient has returned to her usual manner of life and has enjoyed the most complete health.

This case is reported in the *Deutsche Medizinische Zeitung*, May 23, 1889, and it would be interesting to know if another patient, subjected to such a temperature intentionally, would bear it as patiently, and secure as good results from it.—*Editorial in Med. and Surg. Reporter.*

A NEW SIGN OF PERICARDITIS.

The diagnosis of pericardial effusion in some cases is extremely difficult, and a symptom, first noted by Bamberger, is said to be a constant one and a material aid in correct diagnosis. E. Pins describes again (*Wiener Med. Wochen.*) this sign. On percussing the patient in a sitting position, over the left back, the percussion sound will be dull, tympanitic, or wholly hollow from the angle of the scapula downward. This hollow percussion sound extends downwards into the splenic dulness and laterally to the

axillary line, when it either changes into the full percussion sound of the lungs or joins the dullness of the heart. This dullness is heard best over an area as large as a crown piece, which extends about three fingers' breadth from the angle of the scapula. On auscultation at this point where dullness is most marked, bronchial breathing, increased vocal fremitus, and in the centre of the dullness distinct bronchophony can all be discovered. No friction sound can be distinguished in the area of dullness. If the patient bent forward, after a few minutes, the above-mentioned percussion sounds will have changed considerably. The dullness does not reach up to the angle of the scapula, but at the area of the former dullness, about three fingers breadth below the scapula, there is full resonance. At the point of the former absolute dullness the percussion sound is tympanitic, and the bronchial breathing has wholly or partially disappeared. The same changes in percussion and auscultation, although less definite, take place if the patient is placed on his left side. The changes are also very characteristic in the knee-elbow position, if the dyspnoea will allow it to be assumed. After a few minutes in this position the dullness, up to a small line at the periphery of the lung below, will have nearly all disappeared. Where bronchial breathing was heard crackling sounds are present, but disappear after a few respirations, giving place to normal vesicular breathing. When the pericarditis has existed several days these phenomena are not present. They disappear with the amelioration of the subjective symptoms. They last from three to six or more days, according as the case is acute or not. Dr. Pins ascribes these new physical signs to a backward displacement of the heart, producing a compression of the lower lobe of the left lung, and are chiefly found in young adults of slender build, in whom the chest is flattened antero-posteriorly. This condition is distinguished from pneumonia or pleurisy by the changes in the physical signs when the patient assumes a new position.—*Mitt. d. Wien. Med. Doct.-Coll.—Satellite.*

THE INCOMPATIBLES OF ANTIPYRIN.

If extractum cinchonæ liquidum be added to a solution of antipyrin in distilled water a dense reddish-brown precipitate is formed. Upon examination this precipitate is found to contain tannic acid and antipyrin. The liquid extract of cinchona is, therefore, incompatible with solutions of antipyrin, because the cincho-tannic acid present in the extract precipitates it in an insoluble form. The greater part of this precipitate dissolves on the addition of dilute sulphuric acid, the insoluble portion being probably the coloring matter of the bark, for if a solution of tannic acid be used instead of the extract cinchonæ liquidum as a precipitating agent, a

pure white precipitate forms, which entirely and easily dissolves on the addition of the dilute sulphuric acid. It follows, therefore, that decoctions, infusions, and tinctures containing tannic acid would act in the same manner. The effect, however, produced by these preparations is very small compared with the liquid extract of cinchona. Antipyrin is not precipitated by solutions of the alkaloids, quinine, cinchonine, cinchonidine. Therefore it can be prescribed in a mixture containing quinine sulph. and acid. sulph. dil. When strong solutions of chloral hydrate and antipyrin are mixed together a white precipitate is formed, which soon becomes resolved into globules of oily-looking liquid, which sink to the bottom and form a distinct layer. This layer, in the course of some hours, changes into a crystalline mass, from which the clear upper liquid can be drained off. These crystals are soluble in water, but considerably less so than antipyrin or chloral hydrate. They have a distinct taste of chloral without its pungency, and they are not so bitter as antipyrin. In solution they give with ferric chloride the characteristic color reaction of antipyrin, and heated with liquor potassæ they evolve chloroform. It would seem, therefore that this crystalline mass is a compound of antipyrin and chloral, which has been thrown out of solution on account of its sparing solubility. This precipitation does not occur in dilute solutions, and it is possible to mix together a solution containing sixty grains of antipyrin to the fluid ounce with one containing the same amount of chloral hydrate without any precipitate being immediately formed, although in a few hours small crystals begin to appear. A solution containing fifteen grains each of antipyrin and chloral hydrate to the fluid ounce appears to be a permanent one, for at the end of a week there is no appearance of crystalline matter. Clinical experience alone can determine whether mixtures of these two bodies possess any therapeutic properties different from those of the constituents. In prescribing them together it is to be borne in mind that the solutions must be dilute.—*Brit. Med. Jour.*

TREATMENT OF PRURITUS VULVÆ.

Dr. Percy Newell recommends the following lotion for pruritus vulvæ :

R	Acid. Carbolic,	gr. xvi.
	Tr. Opii,	f 3 ss.
	Acid. Hydrocyan, dilut.,	f 3 ii.
	Glycerini,	f 3 ss.
	Aquæ destil. q. s. ad,	f 3 iv.

Dr. Scanlan recommends the following :

R	Cocain,	gr. i.
	Lanolin,	3 i.
	M. Ft. unguentum.	

—*Medical and Surgical Reporter.*

INFANTILE CONVULSIONS.

According to Henoch (*Deutsche Medizinische Zeitung*), when a physician is called to a case of convulsions his first duty is to combat this symptom by means of chloroform. It is only after the eclamptic phenomena have subsided that he can discover the cause.

Love does not agree with him, and reports the following observation: In the case of a child of fifteen months, in convulsions, the physicians had used chloroform anæsthesia for more than half an hour until the child was entirely quiet. He prescribed bromide and chloral, and left saying that all would come right. A half an hour later the convulsions appeared with greater intensity, and Love, who saw the patient, found the rectal temperature to be 41.7° C. (107° F.) A cold bath controlled the convulsions and lowered the temperature. The child later developed malignant scarlatina, to which it succumbed.

Love holds that it is important to combat as soon as possible the cause of the convulsions.

The principal causes of convulsions in infants are:—

1. Heredity.
2. Reflex excitability. At this age the brain is undeveloped, and the spinal cord plays a most important part.
3. Neurasthenic diathesis, an enfeeblement of the nervous system from impoverished blood, a defective nutrition, rickets, heredity, tuberculosis of the parents.
4. Difficult dentition. In this case, Love advises sacrifice of the inflamed gums, ice, and applications of a 5-per-cent. solution of cocaine.
5. Indigestion, or the filling of the stomach with inappropriate aliments. In this case, he gives an emetic, an enema of a teaspoonful (4.00 grammes) of warm glycerine, or calomel, and prescribes a proper regimen.
6. Indigestion from a change of nurse.
7. High temperature, which is observed at the onset of acute diseases. Here, the cold bath, the wet pack are recommended, whereas mustard baths and hot baths are dangerous. Love reports the case of an infant attacked with convulsions where the physician employed hot mustard baths, the water of which was to be renewed as it cooled; he preserved in this treatment for an hour and a half and reassured the parents. When Love arrived, he found a temperature of 41.1 C. (106° F.), and noticed that the physician had removed the cramps by producing impairment of the muscular contractility. The child died in a few hours.
8. Foreign bodies in the different cavities, and the inflammations consequent to them.
9. A previous scarlatina, which makes probable the existence of uræmia.
10. Tuberculosis of the brain is a frequent cause of convulsions in ill-nourished children.

11. Morphinomania in the nurse; belladonna ointment applied to the breast constitutes a cause of convulsions in nurslings.

12. The congestion following an excess of malarial fever may cause convulsions in plethoric children. Here, leeches to the temples or behind the ears are clearly indicated.

Love concludes by recommending acetanilide as a preventive of convulsions.—*Satellite*.

TREATMENT OF OZENA.

Dr. Moure, of Bordeaux, who is an authority on the treatment of diseases of the nose, makes some helpful suggestions regarding the management of ozena, in the *Bulletin Médical*. The usual treatment of ozena, he says, consists in modifying the general condition of the patient; for this purpose, the preparations of iodine and arsenic are given. Immediately after a cleansing irrigation, an antiseptic solution is employed, care being taken to vary it from time to time. Moure employs first the following:

Acidi carbolici,	f dr. iv
Glycerini,	foz. iiss
Alcoholis (900)	f dr. x
Aquæ,	f oz. ix

Sig. A table-spoonful to a pint of tepid water.

When the carbolic acid has caused the bad odor to disappear—which it does usually in from eight to fifteen days—it is replaced by chloral, resorcin, salicylic acid, salicylate of soda, or by creolin. The latter has the disadvantage of being very caustic, because it forms an emulsion and not a solution. It should be employed only in very small doses, for example:

Creolin,	gr. xv.
Alcoholis,	f oz. iiiss

Sig. A coffee-spoonful to a quart of tepid water.

Naphthol, also, gives very good results; but a solution of camphorated naphthol is preferable. A solution of aceto-tartrate of aluminium is also employed:

Alum. acet tart,	dr v—x
Acidi borici,	oz. iiss—iii

Sig. A coffee-spoonful of this mixture to a pint or quart of water, according to the patient.

Van Swieten's solution should not be employed, because it is dangerous.

In rebellious cases the treatment should be terminated by atomization, as with the following solution:

Acidi carbolici,	gr. xxx
Resorcin crystal,	gr. xlv
Glycerini,	f oz. iiss
Aquæ	f oz. ixss

After some time, the antiseptic solution is replaced by more astringent solutions, as those containing tannin, boric acid, alum, or antiseptic vinegar; and when the mucous membrane of the posterior part of the nasal fossæ is very dry, the following solution is used:

Salol,	gr. lxxv
Olei Petrolei,	f oz. v

Fumigations and inhalations also give good results. The following solution, which is heated over a water-bath, should be employed for inhalation for one or two minutes after the irrigations, such as:

Camphoris,	dr ii
Tincturæ iodi,	f dr. iiss
Potass iodidi,	dr. ss
Picis,	dr. iii.
Alcoholis (900),	f oz. iii
Aquæ	f oz. viii

Insufflations of powders should, in general, be abolished.—*Med. and Surg. Reporter.*

THE PHYSIOLOGICAL ACTION OF EXALGINE.

In the *Bulletin Général de Thérapeutique* September 15, 1889, Dr. Gaudineau publishes an elaborate essay on the physiological, chemical and therapeutical properties of methylacetanilide, or exalgine, the new hypnotic recently described in several numbers of the *Therapeutic Gazette*. The author formulates his conclusions as to the physiological action of exalgine as follows:

First.—As exalgine is an aromatic derivative, it has no marked toxic properties, and is capable of influencing the sensory or motor nervous systems, and of affecting the respiratory and circulatory organs. In poisonous doses, like other poisons of its class, its principal action is on the red blood corpuscle, diminishing the energy of gaseous interchange into the blood.

Second.—Exalgine produces death in doses of 7 grains for every two pounds of body weight of the animal.

Third.—In lethal doses convulsions are produced, and death is rapidly produced by asphyxia.

Fourth.—In poisonous but not fatal doses of 3 grains for every two pounds of body weight, the temperature is reduced rapidly for several successive hours.

Fifth.—In a healthy man, doses of from 4 to 6 grains produced no effect beyond slight vertigo and ringing in the ears.

Sixth.—The primary action of exalgine is on sensibility; its action on thermo-genesis is secondary.

As to the clinical application of exalgine, Dr. Gaudineau formulates his conclusions as follows:

First.—Exalgine, given in doses of from 3 to 6 grains, if the subject is non-febrile, is ordinarily without effect.

Second.—Doses of 4 to 6 or 12 grains modify considerably the pain experienced by a patient suffering from neuralgia or any painful affection.

Third.—Exalgine is poisonous when administered in doses equivalent to 7 grains for every two pounds of body weight, so that in ordinary therapeutic doses it may be stated to be absolutely inoffensive, and that this new remedy is less dangerous than aconitine, digitaline, and all the alkaloids frequently given to patients.

Fourth.—The therapeutic dose varies from 4 to 12 grains administered in the twenty-four hours.

Fifth.—In these doses exalgine has never produced any other trouble other than slight vertigo and ringing in the ears.

Sixth.—Exalgine is especially valuable, from the fact that it does not irritate the stomach, and that the doses required are small.

The analgesic effects of exalgine are especially evident in the treatment of neuralgia, and, to a less reliable degree, in the treatment of pains of a rheumatic character. Finally, while exalgine is but little soluble in cold water, it readily dissolves in solutions containing diluted alcohol, though it is easier to administer in powder or in some solution flavored with some aromatic.—*Therap. Gaz.*

SUBCUTANEOUS EMPLOYMENT OF ANTIPYRIN.

Dr. L. Bach has made two hundred and seven injections of antipyrin in one hundred different cases of various diseases, principally of a neuralgic character, calling for a remedy which would relieve pain, and has published his conclusions in his graduation thesis at the University of Wurzburg, 1889.

Of these cases, there were cured twenty cases of muscular pain, nineteen cases of neuralgia, and eighteen cases of articular pain, making in all forty-seven. Fourteen cases of muscular pain, ten cases of neuralgia, and two cases of pain in the articulations, making in all twenty-six, are stated to have received temporary relief. No result whatever was noted in eleven cases of muscular pain, four of neuralgia, and one of articular pain. These cases may be again subdivided into the following groups: Nine cases of sciatica were cured, one case unaffected; five cases of lumbago were cured, one was uninfluenced; two cases of hemicrania were cured, three obtained temporary relief; three cases of trigeminal neuralgia were cured, three obtained temporary relief, and one was uninfluenced; seven cases of articular rheumatism were cured, two obtained temporary relief, and one was unaffected. The author further states that in

twenty-six cases the patients complained that the injection was extremely painful painful, in thirty-two cases they stated that there was slight pain produced, and forty-two cases testified to entire freedom from pain. Finally, the author classifies his conclusions as follows:

1. Subcutaneous injections of antipyrin, as regards the production of local pain, is of the most varied action, the result evidently depending upon the individual disposition of the patient.

2. No difference between the first and subsequent injections can be made out.

3. When ever possible, the injection should be made into the tissue of the muscles, since in this locality it is, at any rate, no more painful than in the subcutaneous tissue, and infiltration is avoided.

4. Previous injections of cocaine are to be recommended.

5. As recommended by Liebreich at the last Wiesbaden Congress, the injection should be made as near as possible to the seat of the pain. An apparent exception to this rule is found in the fact that in hemicrania and orbital neuralgia relief will frequently follow with astonishing rapidity the use of injections into the deltoid muscle.

6. There is no probability of antipyrin ever being regarded as a substitute for morphine.

7. Injections of antipyrin arrest pain in hemicrania and in muscular pain, especially in lumbago and neuralgia of the sciatic and trigeminal nerves. In most cases the relief is permanent; in others it lasts from six to eight hours.

8. In articular rheumatism it seems to be almost a specific, as, in the single case in which it failed to give relief, failure can be regarded as attributable to the complications existing in the case.

9. No difference is evident as regards its influence upon acute or chronic pain; it appears to act equally well in both cases.

10. The five cases in which chills, cold sweat palpitation of the heart, and symptoms of syncope followed its use show that its employment should be carefully watched, although in no case were the symptoms severe enough to cause any anxiety. Since in none of these cases was cocaine injected with the antipyrin, the results are attributable to the latter alone.

11. Only in the rarest instances will these injections fail to produce some improvement.

In most cases the author employed a solution of antipyrin made in boiling distilled water. In other cases he employed a solution consisting of one hundred and fifty grains each of antipyrin and water in which three grains of cocaine were dissolved, the latter solution being ordinarily less painful in its employment.

It is to be regretted that the author has not in any case given more accurate statements as to the dose which he employed, other than saying that he had employed a syringeful of these solutions.—*Therap. Gaz.*

AMYLENE HYDRATE IN EPILEPSY.

New and effective remedies in the treatment of epilepsy are very much needed. From time to time many such have been suggested; but the hopes inspired by the assertions of their advocates have been dashed to the ground. Amylene hydrate is one of the most recent claimants for favor. In the *Neurologisches Centralblatt*, No. 15, Dr. H. A. Wildermuth, of Stuttgart, has an interesting communication giving the results obtained by him in sixty-six cases of epilepsy which were treated with amylene hydrate. From the *Wiener med. Presse*, August 25, 1889, we gather that the patients were about equally divided as regards sex, thirty being men and thirty-six women. The result is said to have been favorable in the majority of the cases, and in some instances the disease seemed to be absolutely aborted. As regards the quantity of the drug given, Wildermuth says that from thirty to forty-five minims were given at a dose, or from seventy-five to one hundred and twenty minims in the day. After a number of trials it was found most suitable to make a watery solution of the amylene hydrate, of the strength of one part in ten, of which solution from five to ten teaspoonfuls were given at a dose, in diluted wine or fruit juice. The character of the disease appears to have offered a severe test of the efficiency of the remedy; for with one exception the patients have been affected with epilepsy for years, and had been previously treated for a long time with bromides—the bromide of potash alone, or a mixture of the salts of bromine. In addition to the bromides, most of the patients had also received atropine, or pills of zinc and belladonna. The administration of the pills was discontinued immediately upon beginning the amylene treatment. The bromides, however, were not stopped at first, but were only lessened in quantity at very short intervals; and if, in spite of this, the favorable result apparently due to the amylene hydrate continued, the bromides were no longer given in any amount.

The results appear to be of special interest in cases in which there were a number of attacks at one time, which by other means we are often powerless to overcome. In such cases, Wildermuth states that one or two subcutaneous injections of the drug were found preferable to its administration in any other way. No bad secondary effects of any kind were observed in the employment of the drug in the manner described in the *status epilepticus*; but when it

was used for a longer time in larger doses, some disagreeable symptoms occurred which deserve special mention. In the first rank is to be named deep persistent somnolency, which in certain cases set in in a wholly unaccountable manner, even after small doses. This often ceased spontaneously after the patient had become accustomed to the amylene, and did not necessitate a diminution of the daily dose. Administration of the remedy in more appropriate dose, and regular mid day rest, were found of assistance in accustoming the patient to the action of the amylene. If this result was not secured, but the favorable action of the drug upon the epilepsy still made its repetition desirable, small doses of cocaine—one-third to five-sixths of a grain—given internally, were found to have a good effect in overcoming the somnolency. Rarer secondary effects than somnolency were digestive disturbances, constipation and deficient appetite. These, he says, may also disappear spontaneously, or upon the administration of doses broken as much as possible. Wildermuth, however, declares that he has never observed continuous disturbance of the digestive functions.

An objection to the prolonged administration of the amylene hydrate—for months or years—is the fact that, in many cases, its anti epileptic action ceases after six or eight weeks, and that further increase of the dose is inadvisable on account of the increase in the bad secondary symptoms already mentioned.

Wildermuth regards the employment of the drug as indicated: first, in epilepsy characterized by frequent paroxysms; second, whenever a patient shows the toxic effects of a bromine compound, and a temporary discontinuance of the remedy appears to be indicated; and, finally, in nocturnal epilepsy, perhaps in this variety alternating with a bromide or, in recent cases, with bromide and atropine. According to his observations, the effect of the amylene in pure nocturnal epilepsy appears to be better than in the cases in which the attacks occur by day or by night in a less regular manner.

It is evident from Wildermuth's paper that he does not expect amylene hydrate to replace the bromides in the treatment of epilepsy, but rather that he regards it as preferable in certain varieties of the disease, and as a substitute for them in the special conditions mentioned. The moderate tone he adopts in his praise the more inclines us to hope that other clinicians will find it as helpful as he has in the treatment of this distressing and obstinate disease.—*Editorial in Med. and Surg. Reporter.*

PHENACETIN.

Phenacetin is one of the latest antipyretics that has come into professional favor; and although it is closely allied in action and in

chemical composition to its twin sister antipyrin and antifebrin, clinical experience teaches that it possesses certain peculiarities which places it in the front rank of this class of remedies. Like the two latter, it is not only useful as a fever reducing agent, but it also displays a remarkable beneficial influence in diseases of the nervous system. It is indeed very probable that all these substances exert their therapeutic properties by virtue of their strong affinity for the nervous system; notwithstanding the fact that this feature was altogether unobserved when they were first introduced to the profession. It is always a cause for much congratulation, because it is an indication of normal development, when, as in this instance, independent researches, carried on in the different branches of the same science, yield evidence of a reciprocally confirmatory character. Previous to the discovery of the antipyretic action of these coal-tar products, there were investigations in progress which showed both from an experimental and a clinical standpoint that the essential lesion of fever consisted in a disordered state of the heat-regulating centres of the nervous system. So long as fever was believed to be due primarily to super-oxidation of the bodily tissues, as was taught by the older pathology, the *modus operandi* of every antipyretic was more or less enshrouded in a cloud of darkness; but when subsequent observation demonstrated that phenacetin and its allies produced antipyresis by reason of their marked affinity for the nervous system, the neurotic theory of fever was so much richer on account of the additional evidence which it received from this quarter.

Whatever its manifestation may be, therefore, it is clear that the fundamental action of phenacetin is concentrated on the nervous system, and it is well to bear this feature of its action in mind while administering it. As an antipyretic it is in many respects superior to either antipyrin or antifebrin. This is true of it in acute as well as in chronic fever. In the experience of others, as well as in our own, it has been known to reduce acute fever in cases in which both of the latter agents had signally failed. Not only does it appear to be the most effectual antipyretic; but it also seems to be free from producing any toxic effects unless it is given in very large doses, while both antipyrin and antifebrin are prone to give rise to these—the former to a cutaneous rash, and the latter to a cyanotic condition of the blood.

Phenacetin is especially valuable in suppressing the fever of pulmonary consumption. In this as in every other chronic form of fever, large and probably double doses are required to achieve the same end as that which is obtained in acute fever. Of course no iron-clad rule can be laid down as to how much should be given

in any individual instance. The best guide that can be followed is to give it "for effect." If four or five grains administered every four hours do not suffice to bring down the temperature, there should be no hesitation in giving from ten to twenty grains. Ordinarily it will be found, however, that from five to ten grains is all that is required in such cases. It also has a modifying influence on other symptoms of this disease. Simultaneously with the reduction of fever, the cough becomes easier, the expectoration diminishes, and a general improvement in the patient's condition follows. From this it will be seen that phenacetin does good, not only as an antipyretic in pulmonary consumption, but also as a constitutional tonic—a role which is undoubtedly plays through its action on the nervous system; and for this reason it renders useful service, and its administration should be continued in three or four-grain doses three or four times a day after the fever has abated.

That which is true of phenacetin in pulmonary consumption also holds true in chronic bronchitis, whooping-cough, migraine, neuralgia, neurasthenia, etc., when it is given in three or four-grain doses; and from all appearance it bids fair to outrival antipyrin and antifebrin in the treatment of all adynamic conditions of the nervous system.—*Editorial in Med. and Surg. Reporter.*

TREATMENT OF OBESITY.

Frequently the practising physician is called upon to treat obesity in women where this morbid condition constitutes a most tiresome infirmity, and is often a complication of most of the affections of the feminine sex. We advise a faithful trial of the method of Schwenninger and Oertel, which has given so many excellent results in Germany. The following are the indications which have been laid down by these savants:

1. Elevate the tone of the muscular force of the heart.
2. Maintain the normal composition of the blood.
3. Regulate the quantity of liquid in the economy.
4. Prevent the deposit of fat.

The above indications are observed by the following methods:

1. The cardiac muscle is increased in tone by the augmentation of physical exercise—for example, by ascending elevations. It is necessary to progress with caution; the exercise will be gradual and the amount of work proportionate to the resistance of the subject.

2. To maintain the normal composition of the blood it is necessary that the alimentation should be principally albuminous; it will consist of the lean of beef, roast or boiled, veal, mutton, game and eggs.

We can add green vegetables, such as cabbage and spinach, but fat and hydrocarbons shall be given only in small doses—for example, the amount of bread should not exceed 120 to 180 grammes a day.

3. We should limit each day the quantity of drink—180 grammes of coffee, of tea, or milk; 360 grammes of wine; 240 to 480 grammes of water will complete the amount of liquid absorbed in the twenty-four hours. Beer is entirely forbidden. Then, again, transpiration is excited by energetic exercise as well as by baths and coverings.

4. Lastly, the deposit of fat is attacked by the practice of the above mentioned principles of dietetics.

This, for example, is how we should proceed:

Morning.—The cup of tea or coffee, with a little milk, will represent a total of about 180 grammes, and about 90 grammes of bread.

Noon.—From 80 to 100 grammes of soup, 210 to 240 grammes of beef, roast or boiled, veal, game, salad or vegetable, a little fish if desired, but cooked without fat, 30 grammes of bread or farinaceous pudding (never more than 90 grammes), 90 to 180 grammes of fruit in season, for dessert. It is preferable not to drink at the repast, but in hot weather we can allow from 180 to 240 grammes of a light wine.

Afternoon.—The same quantity of tea or coffee as in the morning, with, as a maximum, 180 grammes of water and 30 grammes of bread as an exceptional concession.

Evening.—One or two boiled eggs, 30 grammes of bread, perhaps a little slice of cheese, salad, and fruits; 180 to 240 grammes of wine with 120 to 150 grammes of water.—*Revue de Therapeutique.*—*Times and Register.*

THE HÆMOSTATIC PROPERTIES OF ANTIPYRIN.

Almost ever since its introduction into therapeutics, antipyrin has been employed with success in the treatment of various hemorrhages, whether occurring in the form of epistaxis, metrorrhagia, purpura, or hemorrhage of traumatic origin; and a striking example of this property is published by Dr. Saint-Germain in the *Revue Mensuelle des Maladies de l'Enfance* for Aug. 1889. The case was one in which enormously hypertrophied tonsils were removed from a boy 14 years of age. The tonsils were removed by a bistoury and the bleeding surface vigorously mopped with a camel's-hair pencil soaked in a solution of antipyrin. Scarcely any hemorrhage whatever occurred, a fact which is attributed by the author to the hæmostatic properties of the antipyrin.—*Therapeutic Gazette.*

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MONTREAL, APRIL, 1889.

COLLEGE OF PHYSICIANS AND
SURGEONS, PROVINCE OF
QUEBEC.

We direct the attention of the profession in the Province of Quebec to an advertisement which appears in this number, signed by Dr. Larue, the Registrar of the College, whose residence is Quebec city. The annual contribution of two dollars, which every member is required to pay, should be promptly paid. If paid yearly the amount is so small as hardly to be missed, but when the accumulation of several years has to be paid it is apt to appear large. Let the motto of all be: "Pay as you go."

PURE VACCINE.

We see by the *Hospital Gazette* that a doctor in Leeds has not only got himself into trouble, but brought vaccination into disrepute in his neighborhood by employing human lymph instead of calf lymph, as the mother had requested, the consequence being that the child died of vaccine syphilis three months later. The cause of death

was found to be such not only by the coroner's jury, but also by the Government inspector, who was sent specially to investigate the case. That medical men should use any but animal lymph is greatly to be regretted, notwithstanding the fact that it is much easier to get humanized lymph to "take" than the calf lymph, and notwithstanding that the latter is much dearer. We are not sure whether either our local or federal government at present support any vaccine institute for the benefit of the people; but, if they do not, no money could be better invested, as the sense of security that would ensue among the people upon the knowledge that the vaccine supplied to their physicians was absolutely pure, would soon do away with their very natural dread of having the constitutions of their children poisoned by humanized virus. We cannot too highly commend the action of the Montreal Board of Health in supplying free to any demanding it for use in the city the animal vaccine of the New England Vaccine Company the reputation of which, we believe, is beyond reproach.

COLD FEET.

If the first case which stumbled into the consulting room of a young practitioner were a wealthy patient suffering from cold feet, on the permanent warming of which his first successful start in life depended, we wonder what remedy he would prescribe. It is doubtful whether he had ever seen such a case pure and simple admitted to the hospital wards or even treated in the out-patient room, nor would he be likely to find it entered in the year-books of treatment. Although he might be *au fait* in endocarditis and gastrostomy, and knew how to shorten the supports of the uterus, he might leave the college without understanding anything about the pathology and treatment of the humble but simple supports of the body. And yet it is a positive fact that people do have cold feet, and that

when such a condition is persistent the proprietor of the feet is very uncomfortable. When such a case presents itself what is to be done? The feet are sometimes not only icy cold, but, to make matters worse, they may be bathed in clammy sweat. Some say warm them at the fire; others to put them in hot water. One woman was recommended to warm her feet on her husband's abdomen, but could only try it once, for he got a divorce for that. Some say to wear two pairs of socks and two pairs of shoes. One able writer has shown that the lower stratum of air in our rooms is always too cold and that the upper strata are too warm and that the only way to keep the head cool and the feet warm is to reverse our ordinary erect positions and to keep the feet in the warm upper strata. This method is largely employed on this continent, especially, we understand, in the Western States and, we believe, with some success; but the method is only partially carried out by leaning the head back and putting the feet on the mantle piece or table, and even in this modified form it has never become popular among the refined classes of the Eastern States and Canada. Others again recommend filling the socks with mustard, and so on, with a great many other plans but none of them are of any real and permanent value but the one we wish to recommend, and which is supported by many years' experience. Tell the patient to wash his or her feet quickly with soap and cold water, the colder the better, night and morning for a week or two, and to rub them dry with a very coarse towel until they fairly shine and glow with warmth. Remember, the patient must perform this task himself or herself, devoting about two minutes to the washing and five minutes to the rubbing of each foot. If the feet will not glow all day after less than a week of this treatment, then the circulation must be very bad and the patient must take more exercise, gradually increasing the latter from almost nothing to three or four miles

a day. A point worth attending to is to see that the feet are properly clad in woolen socks and loosely fitting boots so that the muscles of the feet may be left free to contract and relax, for muscular contractions are important aids to a defective circulation. We trust that these remarks may be of use to some of our readers and that they may in consequence earn the gratitude of the patients with cold feet.

BOOK NOTICES.

A HANDBOOK OF DISEASES OF WOMEN, INCLUDING DISEASES OF THE BLADDER AND URETHRA. By Dr. F. Winckel, Professor of Gynecology and Director of the Royal University Clinic for Women in Munich. Authorized translation. Edited by Theophilus Parvin, M.D., Professor of Obstetrics and Diseases of Women and Children in Jefferson College, Philadelphia. Second edition. Revised and enlarged, with 150 illustrations. Philadelphia; P. Blakiston & Co., 1012 Walnut Street. 1889.

SOME FALLACIES CONCERNING SYPHILIS. By E. L. Keyes, M.D., Consulting Surgeon to Bellevue, Charity, St. Elizabeth's and Skin and Cancer Hospitals of New York; Professor Genito-Urinary Surgery, Syphilography and Dermatology, Bellevue Hospital Medical College (1874 to 1889). George S. Davis, Detroit, Mich. 1889. Price, 25 cents.

This is an interesting little addition to the leisure library series.

A TEXTBOOK OF OBSTETRICS, INCLUDING THE PATHOLOGY AND THERAPEUTICS OF THE PUERPERAL STATE. Designed for Practitioners and Students of Medicine. By Dr. F. Winckel, Professor of Gynecology and Director of the Royal Hospital for Women, Member of the Supreme Medical Council and of the Faculty of Medicine in the University of Munich. Translated from the first German edition, with permission of the author, under the supervision of J. Clifton Edgar, A.M., M.D., Adjunct Professor of Obstetrics in the Medical Department of the University of the City of New York. 190 illustrations. Philadelphia; P. Blakiston, Son & Co., 1012 Walnut St. 1890. Cloth, \$6.00. Sheep, \$7.00. For sale by Ashford, Montreal.

After a careful perusal of this volume, the unanimous verdict of all must be that the work is com-

plete. The arrangement is good, the book being divided into eight parts; each part into several sections, and each section into several chapters. This is especially useful to the student, who can thus obtain a comprehensive grasp of the whole subject. We have tried in vain to find something that has been omitted; the only improvement that we could suggest being that measurement would be expressed in inches, as it seems hopeless ever to obtain the adoption of the metre system of measurement into English-speaking countries. We have no hesitation in saying that this is the most thorough of all the modern text books on midwifery, and we recommend it to our readers.

EFFERVESCENT SALTS.

There are many late achievements in pharmacy making the life of the physician very much more pleasant not only to himself, but also to his patients. In this line the "Granular Effervescent Salts" take high rank for "beauty," agreeableness and value as therapeutic agents. Being attractive to the eye, generally pleasant to taste, and agreeable to the most delicate stomach, they have a strong backing for commendation.

I wish especially to call attention to a few of these elegant preparations, those which have been constant fixtures in my office out-fit for daily use for the past four or five years.

Effervescent Bromo Soda. (W. R. Warner & Co.) This is a combination of caffeine gr. i. and bromide sodium grs. xxx. After its use personally for several years, and prescribing it in a large number of cases, I must be pardoned if I speak enthusiastic of it in nervous headache. This difficulty being so often met with, a prompt, pleasant and effectual remedy is a boon indeed. This the physician has in Bromo Soda. A nervous headache, resulting from overwork, study, worry, debility, etc., from one to three doses of Bromo Soda will in a very short time put new life and vigor in the sufferer.

From personal experience I can speak of this agent in the most positive terms. And that is, its almost magic effects after it has been necessary to use an opiate for some time, until that peculiar disagreeable sensation, so often felt in the brain, is produced. A dose of Bromo Soda drives this sensation from the brain almost as rapidly as the sun will a "fog" from dark places. The sensation to the patient reminds him of a mist disappearing at the approach of sunlight. The head is left as "clear as a bell" in a few minutes.

A teaspoonful in half a glass of sweetened water, drank at once, is a very grateful, sparkling drink.

Granular Effervescent Citrate of Magnesia is another preparation for superior worth. Far superior to the usual liquid form.

"Crab Orchard Salt," an exact analysis of the Crab Orchard Spring, producing the effect of that valuable agent.

Messrs. W. R. Warner & Co. have presented to the profession a long list of "Effervescent Salts," many of them of superior value as therapeutic preparations.—*Medical Free Press.*

DR. G. W. PICKERILL.

PERSONAL.

Dr. Sloan, of Blythe, Ont., is a candidate for the division of Malahide and Tecumseh in the Ontario council. A personal acquaintance of about twenty years with Dr. Sloan satisfies us that it would be impossible to secure a more painstaking or reliable representative.

Dr. Elliott (M.D., Bishop's, 1889,) has just returned from a year's sojourn in Europe. He has not yet definitely selected a location.

Dr. F. J. Austin, Assessor for McGill Medical Faculty, from the College of Physicians and Surgeons of Quebec, was in Montreal attending to the duties of his office the end of March.

Dr. C. C. K. Vidal, M.D., C.M., Bishop's, 1890, has been elected one of the resident staff of the Montreal General Hospital. We especially congratulate the governors on this appointment, for the reason that it is an evidence of their conviction that it is not to the interest of the institution to give a monopoly of the appointments to it to the graduates of any particular school. If they will apply this new principle to the filling of future vacancies to the visiting staff, we feel sure that the service of the charity will be immensely improved.

Dr. Laphorn Smith has been elected Foreign Corresponding Member of the Société de Médecine Pratique of Paris.

It is an open secret that the youngest professor of Bishop's College is about to become a Benedict, his fiancé being one of the belles of Montreal and a member of one of the leading families. We congratulate our *confrere* on his courage and success, and the young lady on her good fortune.

Dr. Vidal, who has filled the position of House Surgeon to the Western Hospital with great acceptability to the staff has resigned, in order to start in life for himself. We feel sure that his gentlemanly manners and thorough knowledge of his work will soon gain for him a leading position in the profession. We wish him all success.

Messrs. J. Y. Gilmonr & Co., of 354 St. Paul St., Montreal, offer special low rates to physicians contemplating being present at the International Medical Congress at Berlin, which is to take place on the 4th of August, 1890, to which we publish an invitation in another column.

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*FOUR SUCCESSFUL CASES OF LAPAROTOMY.

By A. LAPHORN SMITH, B.A., M.D., M.R.C.S., Eng., Lecturer on Gynecology. Bishop's College, Montreal.

MR. PRESIDENT AND GENTLEMEN:

My object in reading this paper this evening is to perform a duty which is incumbent upon every surgeon, namely, to faithfully report every serious operation he performs, with the results, no matter how good or *bad* they may be; and, secondly, to afford an opportunity for discussing some mooted points which are apt to present themselves any day in the practice of the general practitioner.

CASE I.—Mrs. D., æt. 26. Good family history. Began to menstruate at 13; was always regular till marriage, at 20; first child at 21; second child at 23. Both labors hard; last instrumental. Began three years ago to complain of severe headaches, which prevented her from reading, and almost constant nausea and dizziness. She consulted several oculists about her eyes, and had glasses made to suit her, without relief; and she felt very despondent.

She was then sent to me by Dr. Gaherty, on account of her general bad condition,

which he believed to depend on a laceration of the cervix. As this was moderate in degree, I hardly thought that it could be the cause of such marked disturbance of the digestive and nervous systems. In spite of my putting her on a very careful *regime*, and the trial, one after the other, of bromides, quinine and all the analgesics, as well as the application of both faradic and galvanic electricity, she was no better, and as the patient was very despondent and almost desperate about her condition, I decided to operate. I admitted her to a private ward at the Women's Hospital, with the intention of doing Emmet's operation, but when I was examining her I touched the ovary, and a violent attack of retching began. On examining her a couple of days later the same thing occurred, and as she described the pain caused by my touching the left ovary as of the most sickening character, I began to think that the ovary might be the cause of all her intractable symptoms. I had a consultation with Dr. Trenholme, who was attending with me during that term, who was of the opinion that the ovaries were the most at fault, and that if I had only one chance to cure her by operation, I should stake that chance on removing the ovaries and tubes. On placing the matter candidly before her and her physician, she bravely agreed to have

*Read before the Medico-Chirurgical Society of Montreal, 2nd May, 1890.

laparotomy done, but, as she told me afterwards, with the sincere hope that she would die under it. After a few days in the hospital she became so lonely that she insisted upon my attending her at her own house.

Preparations were made for the operation, with every aseptic precaution, the patient having taken a hot bath on several successive nights, and the instruments, silk and silk worm gut, all having been boiled in plain water. On the morning of the 16th January, assisted by Drs. Trenholme, Reddy, Spendlove and Gaherty, I removed the tubes and ovaries through a two inch incision, and without any difficulty. There was so little oozing that I did not deem it necessary to either irrigate or to insert a drainage tube, but in future I intend always to use the irrigator instead of sponging, which latter is apt to hurt the intestines. Shoemaker's thread was tried for ligatures, but, although very strong before being wet, it seemed to lose its strength afterwards, and broke, so that I had to fall back on silk, which held well. The incision was closed with four silk worm gut sutures, which I took care to pass through the peritoneum, fascia and skin only, and not including the recti muscles. The wound was dressed with dry boracic acid, and healed by first intention all through, and more than three months after the operation there was not the slightest sign of hernia. Nothing whatever passed her lips for the first twenty-four hours except hot water, and as little as possible of that. No morphia was used at any time after the operation. The bowels were moved on the third day with a saturated saline solution, and the vomiting was controlled by means of one-grain doses of calomel every hour, after everything else had failed.

Now, if I were to close this case by saying that the patient made an uninterrupted recovery, it would be telling the truth, but not the whole truth. The vomiting after

the operation was most distressing and continued for several days, preventing her from obtaining any sleep. Very hot water failed to relieve it during the first day, and milk and lime water, soda water, cocaine, and a mixture of pepsin, bismuth, hydrocyanic acid, and spirits of chloroform, all failed in turn the second day. It was not till I tried the calomel on the third day that it was controlled. Is there any way in which this difficulty can be prevented? If so, it would be well to know it; the vomiting is not only so distressing but also adds greatly to the pain of the incision. I have noticed several times that when the patient was carefully prepared by semi-starvation for at least three days before hand, there was absolutely no vomiting whatever. There is another advantage in having the intestines collapsed before the operation, and that is the saving of them from exposure and manipulation to which they are very liable, if distended with food or even with gas. One might think that because the bowels had been well moved previous to the operation, that the whole intestine would therefore be empty, but it is well known that a patient may have a very copious evacuation and yet have a large residue in the upper bowel.

Tympanitis or wind was another troublesome complication, which is met with more or less in every case, and which is probably due to paresis of the muscular fibres of the intestines. For this I tried assafoetida in pill form without much benefit, as also enemas of turpentine. What seemed to give most relief in this case was a tablet of soda mint every hour, and the application to the abdomen over the dressing of towels wrung out of hot water, hotter than the hand could stand. I also found that the patient experienced considerable relief from lying on her right side with her head low, so that the gas could float up into the sigmoid flexure and thus escape into the rectum. Another hint worth having is that Rochelle salt, as a saline purge, has the ad-

vantage over Epsom salt, in that the latter, after operating, leaves the intestine full of wind, which the Rochelle does not. I was indebted for these two last points to Dr. Jos. Price.

But the worst suffering of all is the dreadful pain. This is a thing which distinguished operators never even mention, and yet it is a thing which is rarely absent, as I have learned on inquiry from the nurses (which I hope I may be forgiven for doing) who told me that the laparotomy cases did suffer terribly for the first few days. It seems very cruel to allow them to suffer so and yet opiates and death are almost synonymous terms in abdominal surgery. In this case bromide of soda and antipyrine each gave some relief.

After going through all the anxieties and sufferings of the operation, the general idea among many is that the patient forever after enjoys robust health. In fact, we sometimes see the record of a case closed in the following words:—"Left the hospital in two weeks, feeling quite well." In my case I could not say this, for she was on my hands for three months afterwards, although if I had closed the report of her case at the end of three weeks I could have said:—"Patient up and walking about her room to-day, feeling better than she has done for years." But a week after that she was taken with very severe pain in the right iliac region and extending down to the thigh, accompanied by a temperature of 103, although during the first three weeks after the operation the temperature had never gone above a hundred. What it was due to I was unable to ascertain, as nothing whatever could be found in the pelvis to explain it. At the time of writing the patient is feeling a little better than she did before the operation, and is slowly gaining strength, being able to walk up town.

I omitted to mention that she menstruated once since the operation, commencing three days afterwards.

Dr. H. C. Coe, of New York, in a very candid paper in the *Record* for April 19, 1890, reports eight cases in which the patient was no better a year after the operation than she was before, and says: "I present the above facts without comment, and could easily double and treble the number of cases. If, with my limited experience, I have observed so considerable a proportion in which laparotomy is not followed by permanent benefit, at least so far as regards the relief of pain, those operators who number their cases by hundreds could, if they would, add much to our knowledge in this direction. Unfortunately, there is a singular reticence on the part of surgeons with regard to the ultimate results of their operations—provided that these are less successful than they expected."

"So far as I am concerned," he says, "whenever this subject is introduced I shall never cease to insist upon the truth, which I have repeatedly demonstrated to my own satisfaction in the examining room, at the operating table, and in the dead house, that recovery from laparotomy is not synonymous with cure." I have laid some stress on this phase of the question, because I think the *couleur de rose* reports of some of the great operators are apt to mislead very young and ambitious surgeons into having recourse to laparotomy without fully realizing the gravity of the operation and the uncertainty of its bringing relief.

This brings me to another phase of the question. Is any and every practitioner morally justified in performing laparotomy? This question was suggested to me by an incident which occurred while I was visiting Dr. Goodel, of Philadelphia. A lady and gentleman came out of his consulting room, and Dr. Goodel saw them out, but the gentleman had only gone a few steps when he returned to ask Dr. Goodel something which he had forgotten. On entering his sanctum again Dr. Goodel told me what had occurred. The lady had arrived that morning from a considerable distance by train to

go with her physician to consult Dr. Goodel about a very large ovarian tumor, which had been tapped several times, and which consequently was very adherent to the abdominal parietes. After confirming the diagnosis, Dr. Goodel recommended immediate removal. Her family physician then said that he always made a point of allowing his patients to choose the operator, and in this case the patient had chosen him, her family doctor, to perform it. Dr. Goodel wished him success, but what he came back for was to ask Dr. Goodel if they used the clamp now. As this was his first case, no wonder that Dr. Goodel was indignant. In a recent paper by Dr. Matthew D. Mann, of Buffalo, he gives his record, which alone is an answer to my question. In his first fifty cases he lost eleven, in his second fifty only five, and in his third fifty he only lost one. This is the experience of nearly all operators, and such being the case, I maintain that a man who in all probability would never have occasion to perform abdominal sections more than two or three times in his life is not justified in doing it at all. It cost eleven lives in Dr. Mann's first fifty, and five in his second fifty, in order to save forty-nine out of the third fifty.

I hope I will not be misunderstood; I do not wish to prevent anyone from becoming a laparotomist. I would only prevent those who have no intention of becoming laparotomists from doing laparotomy. This consideration has prevented me from doing at least a dozen operations, which consequently passed into other hands, because I had not decided to devote myself specially to this work.

To resume the report of my cases. My second was Mrs. M., æt. 28. First began to menstruate at 15, always regular till marriage at 20. No children. Contracted syphilis soon after marriage. One of the results of this was ulceration and stricture of the rectum. For this she was treated with constitutional remedies, and

on several occasions the stricture was dilated under an anæsthetic by Dr. Perrigo, who kindly sent her into the Western Hospital under my care Jan. 15. After one of these dilatations he told me that she imprudently exposed herself and caught cold, accompanied with pelvic peritonitis, which confined her to bed for several weeks. On examination I found a stricture which would not admit the tip of the finger, but besides that there was a swelling in the left broad ligament, which was painful on pressure, and there were daily evacuations of fetid pus from the rectum, and high temperature every night. She was unable to eat or sleep. She was unable to do her work, the slightest exertion causing her so much suffering that she was obliged to go to bed. I came to the conclusion that there was a pelvic abscess communicating with the rectum. Several interesting questions come up in such cases. Was the stricture of the rectum the cause of the abscess? or was the abscess the cause of the stricture? What is the best thing to do? Shall we try to find the opening into the rectum and enlarge it and drain and wash out with iodine and water? Is it any use washing out the rectum with solutions of iodised phenol? Shall we dilate the stricture first and attend to the pelvic abscess afterwards? Or shall we leave the stricture alone for the present and attend to the abscess? Then, again, how shall we treat the abscess? By drainage into the rectum? By drainage into the vagina? Or by drainage through the abdomen? These are questions I have been asked by former students now in practice, and my answer invariably is: Attack the abscess from the abdomen, because by that means we are best able to get at it. It is impossible to keep an abscess in communication with the bowels aseptic, so the sooner that connection is severed the better. It would seem at first as though the vagina offered good facilities for drainage, because it could possibly be

kept aseptic, and it can claim the advantages of gravity, but the objection to this means of drainage, is that we must go it blind when making the opening; although it must be said that this is the method employed by Martin of Berlin, who always drains through the vagina even after laparotomies, leaving a drainage tube in the abscess. If possible, of course, the abscess should be removed *en masse*, as is possible in abscess of the ovary. But when this is impossible, the abscess cavity should be emptied, its walls sewed to the abdominal incision and a drainage tube left in. I was strongly advised by my more experienced confreres, whom I consulted, to adopt this latter course.

The operation was undertaken on the 1st February, assisted by Drs. Trenholme, Reddy, Spendlove, Foley and Mr. (now Dr.) Vidal, but after opening the abdomen a large smooth round swelling could be felt on the left and continuous with the uterus at every point, so I was unable to find any spot at which I could insinuate my finger to commence enucleation. I invited Dr. Trenholme to try if he could do so, but without avail. Just as he was making a final attempt the abscess broke and the peritoneal cavity was deluged with the most horribly fetid pus. It was utterly impossible to sew the walls of the cavity to the abdominal incision, as it was so low in the pelvis, so I poured two gallons of water, which had been boiled and cooled to 110 Fahr., down into the very bottom of the cavity, and scrubbed the pyogenic membrane with my fingers until the water came out clean. While doing so my fingers came in contact with what felt very much like a varicocele in the male, and which I think was the pampiniform plexus of veins. I placed a perforated glass drainage tube in the very bottom of the abscess cavity and left it projecting from the lower angle of the incision, which was closed with five silk worm gut sutures, passed through the peritoneum, aponeurosis and skin. The tube was sucked out every

half hour at first, and afterwards at longer intervals. The vomiting in this case was unusually severe, either on account of the previous dyspeptic condition of the patient, or because she was hurriedly prepared for the operation as regards diet, she having been disappointed about the room becoming vacant several times, on each of which she had been properly starved. Calomel—one grain every hour—stopped this soon after resorting to it. The after treatment was similar to that described after the first case. There was slight suppuration at the top of the incision. The drainage tube was removed on the fourth day, longer than which it is not wise to leave them in, for fear of interfering with the closing of the wound. Some are opposed to the use of the drainage tube altogether; but I, for one, believe in the motto: "When in doubt, drain." The drainage tube saves all those patients who used to die of concealed hemorrhage without it, and in which it used to be called shock. And it saves nearly all those who used to die from purulent peritonitis, due to the retention of pus within the closed peritoneal cavity. The peritoneal cavity can take care of a good deal of lymph, of less blood, but it cannot dispose of very much pus. Care must be taken to keep the air of the room aseptic, or else to guard against the entrance of germs by means of the dressing.

This patient suffered more from wind than from any other effect of the operation, and the only thing which relieved her was tincture of assafoetida; but it worked like a charm. In five minutes she would bring up large quantities of wind, with entire relief. On February 21 she was removed to the public ward, and on the 24th of February she was discharged.

25th April, 1890.—Patient called to-day at my request and said that she never felt better in her life; eats well, sleeps well, and is entirely free from pain, which had been almost constant since five years. She is now able to walk long distances and

wash and scrub without inconvenience, and she has gained greatly in flesh. On the other hand, her stricture of the rectum is no better, and, on examination, proves to be very much contracted, not allowing the finger tip to be introduced. There is, however, very little discharge from it, and no pain on defecation, as there was before. Another slight inconvenience is that every few weeks a little pimple forms at the site of the drainage tube hole, at the lower angle of the incision, which she opens with a needle, allowing to escape a few drops of yellow, watery fluid and a few bubbles of gas. There is no sign of anything like hernia, the wound being very small and firmly closed.

CASE III.—A full-blooded Caughnawaga squaw, sent to me by a former pupil, Dr. Patton. As the patient spoke neither English nor French, it was difficult to obtain a very clear history. But her condition spoke for itself; there was her womb hanging out of her body between her legs, ulcerated by contact with clothing, and we could make out that pessaries and every other device had been tried in vain to keep it in. She was sent in to be operated on. With the consent of my colleagues I performed hysteroraphy, or ventro-fixation of the uterus, on the 19th March, with the assistance of Drs. Trenholme, Reddy and McConnell. Dr. Reddy had no difficulty in pushing the uterus up through the abdominal incision as soon as I had made it, with a sound in the vagina, and it was easy to seize it with a pair of bullet forceps, which my assistant held while I scarified the anterior surface of the fundus, and included it in three of the five silk worm gut sutures with which the abdominal incision was closed. She did remarkably well after the operation, suffering very little from either tympanitis or pain. Rochelle salts were given on the second day. The highest temperature was $99\frac{1}{2}$ on the morning of the third day, after which it fell to $98\frac{1}{2}$ and remained so until she left the hospital.

On the 29th March she was removed to the public ward, and on the 11th April, 23 days after the operation, she left for Caughnawaga, her husband insisting on her walking to the station, nearly a mile distant. On the 24th April Dr. Patton wrote, at my request, to inform me that he had examined her that day and found the uterus high up and fixed.

CASE IV.—Miss V., æt. 38, dressmaker. Began to menstruate at 14, and was always regular until the age of 17, when it stopped for six months. At eighteen she began to suffer from dysmenorrhœa and vomiting, with almost constant pain in her left side and back, and she soon became so weak that she was unable to walk. For the last five years she has been a chronic invalid, never being able to work more than a few hours a day. She was admitted into the Women's Hospital under my care, on the 12th of March, presenting the appearance of having gone through much suffering. On examination the fundus uteri was found to be lying in the hollow of the sacrum and apparently pressing on the left ovary. The sound entered to the normal depth, but the uterus was retroverted and retroflexed. After consultation it was decided that the pain was due to the abnormal position of the uterus pressing on the ovaries, and that the left ovary was probably diseased. It was also decided that removal of the ovaries, with fixation of the uterus to the abdominal wall, would give her good prospects of relief.

The operation of hysteroraphy was performed on the 18th March, an incision being made about two inches in length and the tubes and ovaries removed on both sides. Both tubes and the right ovary were much congested, and the left ovary was decidedly cystic. The uterus was then pushed up to the abdominal incision by an assistant, with a sound in the vagina, when the fundus was easily grasped with bullet forceps. The ordinary silk worm gut sutures were then passed through the uterus, peritoneum,

fascia and skin, so that when they were tied the uterus was held firmly against the incision. I did not, however, scratch the anterior surface of the uterus in this case, which I regret not having done. The patient made a very slow recovery, and I cannot say that so far she is very much improved by the operation. She suffered more from tympanitis than from anything else, although the bowels were kept constantly on the move with Rochelle Salts. What relieved her most was fifteen-drop doses of tr. assafoetida and ten-drop doses of tr. valerian. The temperature kept at 99½ for the first week, and then there began to be morning remissions to normal, with a rise on one evening to 101. The sutures were removed, one every day, beginning at the tenth day. There was a good deal of tension on the last suture, which consequently cut somewhat deeply into the skin. The abdominal incision healed by first intention, the powdered boracic acid never having become moist. I think that covering the wound with dry boracic acid is about the best way to treat it, as it renders it almost impossible to become septic. If there is any moisture it dissolves the boracic acid, but leaves always at least a saturated solution of that acid, in which no germs can live. The patient left the hospital on the 22nd of April, still very weak. A day or two before leaving her temperature suddenly went up to 103, but fell again next day to normal. I examined her on the 25th April, and was sorry to find a large exudation so completely filling the pelvic floor that I was unable to feel the uterus exactly. This exudation was the probable cause of the rise of temperature, but I cannot explain why the exudation took place. Notwithstanding this, the patient is sitting up in a chair and can walk about her room.

2nd May.—On examining her again to-day the exudation is mostly re-absorbed, and I was able to make out the uterus back

again on the sacrum. Fortunately the ovaries are not there to be pressed upon.

These two cases of hysteroraphy are, as far as I can learn, the first that have been done in Canada; if anyone here knows of any other on record, I should be glad to be corrected. The first one on the Indian woman has been a perfect success. But in the second case, which was complicated with removal of the appendages and the leaving of silk ligatures in the peritoneal cavity, the result has not been satisfactory, although in such a chronic case, as was pointed out by Dr. Mills a few weeks ago here, when nerves have been transmitting unhealthy impressions for so long a time we may expect that a considerable period must elapse before they get out of their bad habits.

The operation on the Indian woman was remarkable from the very slight evidence of suffering she evinced after the operation, although no opiates of any kind were employed. In marked contrast to the three white women, who all complained bitterly of the pain. I believe that this high susceptibility to pain is the direct result of stimulation of the nervous system by education and civilization.

I intended to make this paper very short, merely in fact to place the two hysteroraphies on record, but the Secretary requested me to make my paper a little longish, as there was not a very heavy programme for the evening; so I hope you will accept this excuse for perhaps having tired you a little.

Attacks of Urticaria occurring at night may be successfully aborted (says Dr. Ohmann-Dumesnil in *Med. Chips*, January, 1889) by the administration, at the time of the onset, of a pill containing one-sixtieth of a grain of atropine. Of course, the patient's general condition should receive subsequent care.

Three or four grains of chloral hydrate, dissolved in an ounce of glycerine, is recommended as a gargle in quinsy. It is efficient by being locally antiseptic, astringent and sedative.

Society Proceedings

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Regular Meeting, April 18th, 1890.

DR. ARMSTRONG, PRESIDENT, IN THE CHAIR.

Present: Drs. Shepherd, F. W. Campbell, Alloway, Jas. Stewart, Hutchison, Schmidt, DeCow, Harry Bell, Finley, K. Campbell, Spendlove, Johnson, England, Jas. Bell, Trenholme, Laphorn Smith, Gurd, Birkett, England, Jr., McCarthy, Allan, Blackader, Jr., Reed, J. A. McDonald, Williams, Jack, Booth, and Y. L. Brown, of Melbourne, as a visitor.

After routine, Dr. Prager, of Nanaimo was elected an ordinary member.

Dr. Wyatt Johnson exhibited a specimen of aneurism of the arch of the aorta, in which not only the whole vessel was dilated, but also the large vessels given off from it. In spite of its size it was not diagnosed during life, the only symptoms being due to aortic regurgitation. There had been no tugging at the trachea, the reason being that the trachea was very loosely attached to the aorta, this sign was therefore not always present in aneurism.

Dr. Finley said the patient had been under his care; never had any dyspnoea or pain or paralysis. He also showed a specimen for Dr. Fenwick of obstruction of the intestines, the symptoms having come on two days after birth. There was no occlusion of the rectum, and the diagnosis was made of stricture of the duodenum, but at the operation it was found to be situated in the jejunum, near the duodenum. The strictured piece of bowel, over an inch in length, was removed, and the upper and lower ends of the bowel were attached to the abdominal wall. The child died soon after. On examination there was found to be a cyst differing in structure from the intestine. It was difficult to say how that cyst had come to be there. There were no adhesions. It might possibly have been due to invagination of the intestines.

Dr. Shepherd thought that it was not due to arrest of development, but to over-development.

Dr. Johnson also showed a specimen of gunshot wound of the skull, for Dr. Fenwick. The patient had committed suicide.

Dr. Armstrong showed a specimen of perforating ulcer of the stomach, which had been taken from a girl 18 years of age. She had been at a ball one evening, when she was taken suddenly with severe pain. Next day she was found to have general peritonitis, and her abdomen became tympanitic. There had been a history of sudden pain once before. As the case was desperate the abdomen was opened,

and the vermiform appendix being found distended with feculent matter and gritty particles, it was removed. Only the right ovary was seen, and it was normal in appearance. The patient died seven days latter, and at the autopsy the left ovary was found to have been the seat of a cyst which had ruptured. The stomach was found to have two ulcers which had perforated through and allowed the milky contents to escape into the abdominal cavity. The patient had been dyspeptic, but she had never had any vomiting or well defined pain to suggest ulcer of the stomach.

Dr. James Bell thought that the rupture of the ovarian cyst was the immediate cause of the peritonitis, and that the ulcers had sloughed out in the last hours of life.

Dr. Shepherd thought that the appendix had had no part in causing death. He was surprised that such large ulcers had not caused any inflammation.

Dr. Alloway did not agree with Dr. Bell in thinking that a small cyst of the ovary would set up general peritonitis by its rupture. In his opinion the ulcer of the stomach was the cause of the whole trouble. Anæmia was generally associated with this condition.

Dr. Finley thought that the perforation of the stomach was the cause of the peritonitis.

Dr. Johnson inquired whether violent peristaltic movements of the intestine might not tear up an ulcer.

In reply to several questions, Dr. Armstrong replied that the patient had always referred the pain to the epigastric region, and never to the lower abdomen, from which he inferred that the stomach had been the initial cause of the trouble. He had removed the appendix because it looked as if it might cause trouble at some future time. There was about a pint of liquid in the peritoneal cavity at the post mortem, although she had taken about fifteen pints of nourishment during her illness. But he had kept the peritoneal cavity drained all the time by saline cathartics.

Dr. DeCow showed a stomach with one large perforating ulcer and several smaller ones which had not perforated, situated at the back of the viscus. The patient had suffered from anæmia, from which she had recovered nicely. She went to a ball on a Friday night and on Saturday morning at six she ate a hearty supper of hard-boiled eggs and beer. Soon after she was taken with severe pain at the cardiac region of the stomach, and a few hours later general peritonitis set in without, however, any rise of temperature or increase of pulse rate, and she died on Sunday afternoon. She had been employed in the Canada Rubber Co., and he wondered whether that occupation had anything to do with the case.

Dr. McCarthy had been called in by Dr. DeCow, and from the symptoms he had had no doubt that the case was one of ulcer of the stomach. The question which he had asked himself was whether surgical interference would have given the patient any better chance of recovery.

In the absence of Dr. Prager, of Nanaimo, his paper on a case of cholecystectomy was read by the Secretary.

The patient was an elderly lady who had been suffering for several years from gall stones, the gall bladder being obstructed and easily mapped out through the abdomen. Dr. Prager had cut down and removed the gall bladder, which was very largely distended. The patient died a few days later from too many hypodermics, which had been given in the operator's absence.

Dr. Johnson thought there was obstruction of the common bile duct.

Dr. Shepherd said this was the first time that this operation had been performed in Canada, but he thought that cholecystotomy, or sewing the gall bladder to the abdominal wall before opening it, and thus establishing a fistulous opening for the bile, would have been better.

Dr. Bell remarked that conditions requiring operations on the gall bladder were very rare in this country.

Dr. Bell reported a curious case of poisoning from a belladonna plaster four inches square. The patient was found lying on the floor picking imaginary things off the carpet, and the pupils were widely dilated.

Dr. Stewart said that these cases were by no means rare.

Dr. Shepherd reported a case of idiosyncrasy for quinine in a patient in whom five grains of citrate of iron and quinine, which contains only one grain of quinine, caused a scarlatinal rash and desquamation of the skin. On repeating the dose ten days later, the patient went through the same severe process a second time.

Regular Meeting, 2nd May, 1890.

DR. ARMSTRONG, PRESIDENT, IN THE CHAIR.

Present: Drs. Birkett, Johnson, K. Campbell, James Stewart, Allan, Trenholme, James Bell, Schmidt, J. A. Macdonald, Hutchison, England, F. W. Campbell, Reed, Blackader, Jr., Gurd, Geo. Ross, Springle, G. Stewart and Lapthorn Smith.

Dr. Johnson exhibited some card specimens.

Dr. Lapthorn Smith then read a paper on "Four Abdominal Sections," which appears in another column.

DISCUSSION.—Dr. Trenholme agreed with the reader of the paper in holding that only those who were going to devote themselves to gynecology should undertake abdominal surgery. He

laid great stress on the importance of attention to the minutest antiseptic details, which, he confessed, he had not thought of sufficiently in the past. He paid a high compliment to the carefulness, in this respect, of the reader of the paper, whom he had assisted at all of these operations. With regard to pelvic abscesses connected with the rectum, he thought it was best to remove them by abdominal section and drain through the abdomen.

Dr. James Bell said that his experience of abdominal section had been limited to eight (8) cases of removal of ovarian cysts, which were all successful, and in none of which did he think the pain was unendurable. He had had no experience of pelvic abscesses, but he thought that the method adopted by the reader of the paper was the best.

Dr. Armstrong could remember at least two cases of pelvic abscesses connecting with the rectum in which he was able to see the entrance to the cavity with a duck bill speculum. He had treated them both in the same way: dilating the opening, washing the abscess cavity out and putting in a drainage tube. He found these very unsatisfactory, one of the patients having died from exhaustion, and the other remaining no better until she disappeared from his observation. He could remember several other cases, however, in which a pelvic abscess had broken into the rectum, and, after emptying itself, had gradually got well.

Dr. Hutchison read the following paper:—

RHEUMATISM.—McDonald was seen by me on march 16th, '90.

Family history good; boy looks healthy, with rather a heavy, dull face. Had been suffering for a few days previous to my visit from pains in the larger joints, fever, lassitude and restlessness.

Exam. T. 102½, P. 110; R. slightly quickened; both ankles hot, swollen and painful; fair amount perspiration.

Put on soda salicy., 5 grs. every 4 hours. March 17, T. 102, general symptoms improving; March 18th, T. 100, improving; suffering no pain; felt comfortable and quiet. At 9 p.m. I was called suddenly, and found patient in violent spasms, head thrown back, back arched, body resting on heels and back of head; patient apparently completely unconscious; pupils markedly dilated, responding very little and very slowly to light; the muscles of the arms so flexed that pulse could not be counted, but at the heart 120 to the minute, T 100. Each time spasm came on it was accompanied by a peculiar loud cry; so loud that house was surrounded by anxious neighbors when I arrived; some vomiting between the spasms. No cause could be assigned by the family for this condition, which had developed half an hour before my arrival. I had about made up my mind that it was strychnine poisoning, and had dispatched

my cab for a medical friend to divide responsibility, when I heard a laugh from the patient resembling that of hysteria. I immediately applied cold flagellations, which quickly stopped the cries and spasms, which never returned again, but patient was still unconscious, in which condition he was on Dr. E.'s arrival. After watching patient for half an hour we returned home. On following morning I found he had wakened up at 4 a.m., feeling sore and tired, and without any knowledge of what had occurred; P. normal. I kept him in bed for following week, and he has had no return of the symptoms.

A COMPLICATION OF PNEUMONIA.—Ac. pneumonia, c. subsequent delirium. Arthur C., aged 33 years; good family history; no insanity.

Personal History.—Always been healthy; never suffered from any serious illness.

Present Attack.—I saw this patient on March 13th, '90. He had taken a chill the day before while at work; returned home and went to bed at once. Physical examination showed pneumonia of the right base; P. 104.

Condition continued much the same for the next three days, when he was attacked with very severe continuous pain on right side. On examination a loud friction murmur was heard.

On the seventh or 8th day P. fell to normal; resolution was going on; percussion note slightly dull. About this time I noticed that the patient, although knowing the attendants and myself was acting under a delusion, in fact talking about things altogether foreign to his sickness and employment, and was prepared to argue the point. The attendants had told me that for two or three days he had been acting strangely; but thinking it was the ordinary delirium of exhaustion, took no notice of it. This delirium lasted about two weeks, during which time T., P. and R. were normal, condition of lung improving, and cough somewhat troublesome. I thought of typhoid fever, but could find no evidence of it, except a slight bleeding of the nose during the third week of the illness. A few days after this complete consciousness returned and the patient was convalescent.

My object in bringing this case before the society was to try and decide the cause of the delirium. It was totally unlike the cases of nervous exhaustion I had seen, and reminded me somewhat of the case of Dr. Campbell's some time ago, which ultimately turned out to be miliary tuberculosis of the brain.

S. H., aged 13 months. On the 27th March, '90, was given a portion of egg which contained some egg shell, by a small brother; child immediately commenced to cough and choke; coughed up a little blood and mucous, but no shell.

I saw the child an hour afterward, he looked perfectly well, and continued so till the 3rd day when gradual laryngeal obstruction was

noticed, accompanied by underate degree of pyrexia, the obstruction increased to such a degree on the 4th day, that I asked my friend Dr. Armstrong to see the case with me late at night to consider the advisability of intubation or tracheotomy.

It was decided to delay a few hours, during which time general condition improved and the necessity for operation disappeared; on the 8th day child seemed perfectly well, with exception of loss of voice, slept and took food well, and just an occasional cough, normal temperature.

On the 13th day, child suddenly choked, coughed a great deal and brought up a comparatively large piece of egg shell, with some blood; voice immediately returned and child has since had no further trouble.

The peculiar points to my mind were:

1st.—The absence of the ordinary symptoms of a foreign body in the throat.

2nd.—The laryngitis was apparently due to a foreign body which had done damage and disappeared.

3rd.—That so large a foreign body as the specimen exhibited could remain so long in so small a throat without causing continued symptoms of obstruction.

I may say that the throat was illuminated and a careful examination made by Dr. A. and myself, but nothing could be found or seen in the upper part of the throat.

DISCUSSION.—Dr. Trenholme related a case of a boy who kept a nail in his windpipe for several years without much inconvenience.

Dr. F. W. Campbell related a case which had occurred that very day of an officer getting a piece of fish bone in his throat, causing him to become aphonic and cyanosed, but finally coughing it up in a few minutes. With regard to Dr. Hutchison's case of delirium after pneumonia, he had often seen it in patients who had been hard drinkers, and who had been deprived of their liquor. But it was rare to see this at the end of the disease when the patient was convalescent. The condition of hysteria in the male must also be very rare, for he had only seen three cases in twenty-six years.

Dr. Geo. Ross expressed his appreciation of Dr. Hutchison's paper; the three cases were of great clinical interest. There was no doubt that the first case was one of hysteria; the reader of the paper had been fortunate in not expressing his suspicion of strychnine poisoning. Dr. Ross had never met with such a condition coming on during an acute illness. The condition of mania coming on after pneumonia was also rare, although quite common after typhoid. The prognosis in such cases was generally very favorable.

Dr. James Stewart thought it was rather a case of mania than delirium, very much resembling the mania of the puerperal state.

Dr. Laphorn Smith had very frequently seen a similar condition in patients with acute rheumatism, in whom he was pushing the doses of salicylate of soda. In fact he did push this drug until either the patient was relieved or until delirium set in. He had never regarded it as anything serious, as it passed off in a few hours after suspending administration. He asked whether other members had not noticed this effect of the salicylates.

Dr. Geo. Ross had seen several severe cases of delirium following large doses of salicylate, especially several years ago when the drug first came into prominence; but he thought that the delirium was in part due to impurities in the salt, because he did not meet with these untoward effects so often now as formerly.

In reply to Dr. Campbell, Dr. Hutchison said that the pneumonia patient had always been very temperate in his habits.

Dr. Armstrong confirmed Dr. Hutchison's report of two of the cases to which he had been called in consultation.

Dr. Laphorn Smith reported a case of almost fatal heart failure during anaesthesia, in which the patient's life had been saved by promptly standing her on her head. He was performing the operation of curetting and tamponing the uterus, when his assistants reported that the patient's pulse and breathing had suddenly stopped simultaneously. A battery was at once procured and artificial respiration started, when the operator remembered Nelaton's plan of inverting the patient, which was done by turning the operating table and patient on end together, with the result that the pulse slowly returned and a few seconds later the breathing also. This reminded him of the case of a young lady who several years ago fainted while walking on St. Catherine street, but who was unfortunately carefully carried by two polite young gentlemen into a neighboring drug store and kept sitting bolt upright for a quarter of an hour while a physician was being searched for. The speaker was taking a bath at the time, but hurriedly dressed and went to her at Dr. Reddy's office, whither she had been carried in a cab after having been taken to several other doctors' offices, but he found her dead. There is no doubt that if she had been promptly inverted her life would have been saved, as there was also no doubt that the patient on whom Dr. Smith was operating would have died had this means not been employed. He mentioned the case to impress upon the minds of others the importance of immediately turning patients with heart failure upside down.

Dr. F. W. Campbell reported a case of heart failure in a dentist's chair occurring to a member of the same family, to whom he promptly applied this method with the most satisfactory result. He also reported a case of aphonia in a singer, which had been promptly relieved by

nitric acid, which was a well known and very old remedy for aphonia, but which was at present very seldom used.

Dr. Gurd exhibited a calculus as large as a bean, passed per urethram from a gentleman who had been suffering from renal colic, and to whom he had administered several doses containing carbonate of lithia 5 grains, and bicarbonate of potash 10 grains. He also showed a specimen of enostosis of the lower jaw set up by the irritation of a diseased molar tooth. It was of consistence of ivory and seemed to have been sequestered, as it was removed without much difficulty.

There being no other business the meeting adjourned.

Progress of Science.

MEETING OF THE CANADIAN MEDICAL ASSOCIATION.

The 23rd annual meeting of the Canadian Medical Association will be held this year in Toronto, on the 9th, 10th and 11th of September.

LEGACY TO THE POST-GRADUATE MEDICAL SCHOOL AND HOSPITAL.

Among the legacies of the late Honorable Daniel B. St. John, of Newburgh, N.Y., was one of ten thousand dollars to the above-named institution.

RESORCIN FOR RODENT ULCER.

Dr. Chas. Szadek, in the *Satellite*, recommends resorcin for various forms of skin diseases, particularly condyloma and verruca, in the form of ointment and powder. He reports a case of cure of rodent ulcer by using an ointment of resorcin and vaseline (25 per cent).

IMPERFORATE VAGINA—CRANIOTOMY.

Dr. Jas. B. Neal, of Tungchowfu, has reported a case that seems unique. A woman, 23 years of age, presented herself with a tumor in the abdomen, which was found to be a retained fetus. The vagina was imperforate, resulting from ulceration. If the woman's story was correct, she had carried a dead child for three months past the time when she should have been delivered, when she had pains, but the native midwives denied that she was pregnant. After delivery, by section and craniotomy, she made a rapid recovery.—*Satellite*, April, 1890.

PRURITUS.

In the treatment of general cutaneous pruritus, Dr. Wertheimer, in the *Münchener Med. Wochenschrift*, Nov. 4, 1889, recommends a tablespoonful of a three per cent. solution of salicylate of soda, three times a day. This treatment will not only ameliorate the unpleasant symptoms of pruritus, but is said to completely eradicate the disease in a short time.—*Med. and Surg. Reporter*.

SALOLIZED COLLODION FOR RHEUMATIC JOINTS.

The following prescription, to be used as an external application in acute rheumatism, is quoted by the *London Medical Recorder* :

R.—Salol, } of each 4 parts.
Ether, }
Collodion 30 parts.—M.

TEST FOR EXALGIN.

According to the *American Journal of Pharmacy*, exalgin may be distinguished from acetanilid and phenacetin by the following simple test:—1 grain is dissolved in 2 cc. of chloroform and 20 cc. of petroleum ether added. If the exalgin is unadulterated the solution will remain clear. Moreover, phenacetin requires 20 cc. of chloroform and acetanilid 6 cc. for solution.

PRESCRIPTION FOR RICKETS.

Kassowitz prescribes the following mixture to children suffering from rachitis :

R.—Phosphorus, $\frac{1}{8}$ grain.
Liparin, $7\frac{1}{2}$ drachms.
White sugar, } of each $3\frac{1}{2}$ drachms.
Acacia, }
Distilled water, $1\frac{1}{2}$ ounces.—M.

One teaspoonful three times daily.—*Der Kinder-Artz*, January, 1890.—*Medical News*.

PRESCRIPTION FOR THE FEVER OF PHTHISIS.

The *Reveu de Therapeutique* quotes the following prescription, which is said to be used by Liebermeister in the hectic fever of phthisis :

R.—Sulphate of quinine, 30 grains.
Pulverized digitalis, $7\frac{1}{2}$ grains.
Extract of gentian—sufficient quantity.

Mix, and divide into forty pills, of which from six to ten may be taken daily.

THE INFLUENZA IN BULGARIA.

An interesting report is made by Dr. A. A. Golowina, of Verna, Bulgaria, in the *SATELLITE*, for April. In a very mixed population it is instructive to notice the greater prevalence of the disease among those who observed the least regard for hygienic conditions, as the Turks. The fatal cases were principally among old persons and children.

ACNE

Dr. Isaac recommends the following :—

R Resorcini, 2.50-5.00 gram. (gr. xxxvi-lxxv).
Zinci oxidi,
Amyli, āā 5.00 grammes (gr. lxxv).
Vasellini, 12.50 grammes (ʒij gr. vij).

M. Sig. : Leave this paste on the skin for a day, and the next day rub it off with cotton or oil. The good effects are seen in three to five days.—*L'Union Médicale*, 1889.

PRESCRIPTION FOR ACNE.

The following is quoted in the *Centralblatt für die Gesamte Therapie*, March, 1890 :

R.—Salicylic acid, } of each 52 grains.
Sodium borate, }
Boric acid, 40 grains.
Alcohol, } of each $1\frac{1}{2}$ ounces.
Glycerin, }
Oil of bergamot, 5 drops.

To be used as a wash three times a day.—*Med. News*.

UTERINE CANCER.

De Sinéty gives the following disinfecting lotions :—

1. R Potassi permang., 20 parts.
Aque destillate, 500 parts.—M.

Or

2. R Acidi thymici, 10 parts.
Spts. vini rectific., 200 parts.

M. Sig. : Dissolve. A tablespoonful of either solution in a glass of water used as an irrigating lotion to dissipate the odor.—*L'Union Médicale*.

PRESCRIPTION FOR ECZEMA.

According to the *Centralblatt für die Gesamte Therapie*, Saalfeld uses the following ointment in cases of pustular eczema :

R.—Potassium carbonate, 15 grains.
Salol, 75 grains.
Olive oil, 150 minims.
Sulphur, $1\frac{1}{2}$ drachms.
Zinc oxide, } of each $3\frac{1}{2}$ drachms.
Starch, }

Lanolin, sufficient to make, 6 ounces. M.

—*Med. News*.

DEODORIZING INJECTION IN UTERINE CANCER.

In *L'Union Médicale*, Dr. Chéron recommends the following injection as efficient in destroying the fetid odor of uterine cancers :

R Acid. salicylic, gr. ij.
Sodium salicylate, gr. xl.
Tinct. eucalyp. fl. dr. jss.
Vinegar, fl. oz. jss.—M.

This is to be added in one or two pints of water and used as a douche every few hours.

IODOFORM IN ENDOMETRITIS

Jacob uses the following emulsion in the treatment of endometritis :

R Iodoform, dr. v.
Glycerin, dr. vj.
Aqua, fl. dr. jss.
Tragacanth, gr. jss.—M.

From one-half to one drachm of this is injected into the cavity of the womb two or three times a week.—*Therapeutische Monatsshefte—Medical News*.

HYPERHYDROSIS PEDUM (FETID FEET).

Dr. Panienski (*Noviny lek.*, 1889, No 8), in fifty cases of excessive sweating of the feet which had resisted other treatment, has used a 5-per-cent. solution of chromic acid painted on the soles, which gratifying results. Of the fifty cases thirty-six were entirely cured ; the remaining ones were much benefited. The treatment consists in painting the affected soles with the solution once, or, in rebellious cases, three or four times in five to eight days, and in case the trouble returns after a few weeks the treatment is repeated once or twice. The author has not observed any accident resulting from this treatment.—*Deutsche Med. Wochenschrift*, 1889.—*Satellite*.

ANTIPYRIN IN INCONTINENCE OF URINE.

There seems to be no limit to the beneficial effects to be obtained from this valuable addition to our therapeutical resources. Several cases of inveterate incontinence of urine in children between four and eight years of age, are reported to have been immediately relieved and ultimately cured by the administration of from ten to fifteen grains of the drug at six o'clock in the evening, the dose being repeated at eight or nine o'clock. The effects are said to be certain and immediate, and if so it will prove a boon to practitioners, who have exhausted their stock of remedies without any adequate result in these troublesome and oftentimes obstinate cases.—*Medical Press*.

INJECTIONS OF CARBOLIC ACID IN ANTHRAX.

Two severe cases of anthrax which recently presented themselves at Bordaaux, are reported to have been cured by the subcutaneous injection of a ten per cent. solution of carbolic acid around the periphery of the inflamed area. The pain attending the injections was great, but the beneficial effects, both locally and constitutionally, were immediate and pronounced, and within twenty-four hours recovery could be safely predicted. It is worthy of remark that in spite of the large amount of the acid injected, no poisonous symptoms manifested themselves. It is probable that the same effects might be obtained by means of a five per cent. solution, and the extreme pain consequent on the use of a stronger one would be avoided.—*Med. Press*.

BLOODLESS TREATMENT OF FISTULÆ.

In the Moscow therapeutic weekly *Novosti Terapii* No. 11, 1889, Dr. Georgy I. Tarabrin, of Ekaterinovka, warmly recommends the treatment of incomplete fistulæ (sinuses) by the intra-fistulous injection of a two per cent. solution of carbolic acid or a solution of corrosive sublimate (from three to ten grains to six ounces of distilled water), repeated two or three times a day. The injection should be preceded by probing (in order to determine the direction which the jet should take.) It is advisable to commence the treatment with a weak solution and then to gradually pass to stronger ones. The treatment is said to prove successful in a couple of weeks even in old cases of deep fistulæ penetrating into bone.—*Reporter*.

TREATMENT FOR CHRONIC LEG ULCERS.

Dr. Ivan A. Praxin, of St Petersburg, warmly recommends a simple method of treatment, successfully practiced by him in atonic crural ulcers with sclerotized edges. The method consists in making multiple radiating incisions, penetrating through the whole thickness of the edge, and situated so that the inner third of each incision divides the granulating bottom of the ulcer, the middle one its edge, and the outer third the adjacent healthy skin. The distances between the incisions should be equal approximately to two or three breadths of the edge. To secure gaping, plugs should be inserted into each wound for a few days. When treated after this plan, callous ulcers, varying in size from a dime to half of the palm, are said to heal as swiftly as any simple ulcer, provided their neighborhood is free from inflammatory cedema and venous congestion.—*Weekly Medical Review—Medical News*.

PATHOLOGY OF EXTENSIVE BURNS.

Oscar Silbermann, of Bresslau, finds that in extensive burns the corpuscles alter their form, and are able to exert less than their normal resistance to heat, drying, compression and staining. In consequence of these changes, thrombosis and stasis in different organs are very frequent, especially in the lungs, kidneys, stomach, bowels, spleen, liver, skin and brain, and most of all, in the smaller branches of the pulmonary artery. The stasis in the lungs produces a very considerable impediment to the emptying of the right ventricle, with enormous venous congestion and dangerous arterial anæmia. This again leads to apoplexies and parenchymatous alterations in the above-mentioned organs, also to dyspnoea, cyanosis, coma, a small pulse, angina pectoris, eclampsia, anuria and to a diminution of the surface temperature.—*Lancet*.

IODOFORM IN CHRONIC CYSTITIS.

M. L. Frey recommends strongly iodoform, which is an active, lasting antiseptic, an analgesic and deodorizer. After washing out the bladder with tepid water he injects a tablespoonful of the following emulsion dissolved in a half pint of warm water :—

R Iodoformi, 50.00 grammes (3xiiss).
Glycerinæ, 40.00 grammes (3x).
Gum. tragacanth., 0.25 grammes (gr. iv).
Aque destillatæ, 10.00 grammes (3iiss).—M.

This injection is repeated every three days. Usually three or four injections are sufficient. Twenty-three cases, under the care of Mosetig-Moorhof, were placed under this treatment. They were all cured, or at least very much improved. Not a single case of iodoform intoxication was observed.—*Wiener Med. Presse*, 1889, No 20 ; *Centralbl. f. Chir.*, 1889, p. 5-3.—*Satellite*.

SOLUBILITY OF QUININE-SALTS INCREASED BY ANTIPYRIN.

Triulzi (in the *Bollet. Farmac.*) gives the results of his experiments : One part quin. hydrochlor. with four-tenths to five-tenths parts or antipyrin dissolves in two parts of water at 20° to 25° R. (77° to 88½° F.), and one part quin. hydrochlor. with two-tenths to one-fourth parts antipyrin dissolves in two parts of water at 35° to 40° R. (110½° to 122° F.). One part quin. hydrochlor. without antipyrin dissolves in two parts of water at 42° to 45° R. (126½° to 133½° F.), but on cooling the greater part deposits in crystals. The valerianate of quinine behaves in a similar manner.

As the solution prepared with antipyrin is easily made, as well as permanent, it may be used with advantage for subcutaneous injection.—*Wiener Med. Presse*, 1889 ; *Deutsche Med. Wochenschrift*, 1889.—*Satellite*.

THE DANGEROUS FRENCH STOVE.

The Paris Academy of Medicine has had its attention directed to the defective and dangerous form of portable stoves which are such a frequent source of carbonic-oxide poisoning. M. Lancereaux and others considered the subject of so much importance to the public health as to require governmental supervision and control ; others considered that it would only be necessary to inform the public of the dangers of this mode of heating. According to Laborde, the presence of 1 part of carbonic oxide in 650 parts of air is injurious to life and may cause death. The advocates of supervision carried their point, and the Academy passed resolutions condemning the slow-draught or air-tight stove in nurseries, schools, colleges and sleeping-rooms. It also called the attention of the authorities to the dangers of this mode of heating, and petitioned for remedial legislation.—Report of Dr. Prosper Le Pietra Santa, in the *Satellite* for April, 1890.

CREOLIN INJECTIONS IN DYSENTERY.

Dr. Sosovski has found large enemata of dilute creolin very useful in dysentery. He employed a one-half per cent. solution injected into the bowel twice or sometimes three or four times daily, the quantity used for each enema being generally about five pints. The patients did not experience any burning sensation or abdominal pain. The treatment was employed in sixteen cases, not one of which proved fatal, although a considerable number of patients succumbed to the disease during the same epidemic. In two cases the disease was arrested after the second enema, in nine cases the bloody stools ceased on the third day, in two cases on the fifth day, in one on the sixth, and in one on the ninth. The remaining case, though more obstinate, ultimately recovered completely. In addition to these, two children under a year old were treated successfully by means of creolin enemata. Again, another Russian physician, Dr. Kolokoloff, has used 1 per cent. solution in a number of cases of adults with complete success.—*Lancet*.

SALICYLIC ACID IN SOFT CHANCRES AND SYPHILITIC CONDYLOMATA.

In the St. Petersburg weekly *Voënnno-Sanitarnoiè Dëlo*, No. 21, 1889, p. 263, Dr. Leopold K. Golistewski, of Poti, draws attention to the abortive treatment of soft chancres according to Hebra's method, consisting in powdering the chancres with pure salicylic acid daily. Two or three applications (after previously cleansing and drying the ulcer) are said to be sufficient for transforming the chancre into a simple ulcer, which heals kindly in two or three days

In a case adduced by the author, which had remained without any treatment for fifteen days, a complete cicatrization ensued about nine days after the first powdering. The method seems to be equally successful in syphilitic condylomata, as is illustrated by a case of Dr. Golistewski in which multiple perineal warts (resisting the influence of calomel, mercurial inunctions, etc.), disappeared tracelessly in a week, after five applications of the acid. The same may be said in regard to suppurating buboes.—*Med. and Surg. Reporter.*

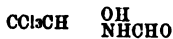
CHLORALAMID.

Dr. Konrad Alt, of Halle, as the result of extended use of this new hypnotic, discovered by von Mering, gives the following formula:—

R Chloralamid, 10.00 grammes (ʒiiss).
Aque destill., 120.00 grammes (ʒiij ʒvj).
Syr. rubi id., 30.00 grammes (ʒviiss).

M. Sig.: Two to four tablespoonful one hour before retiring.

Chloralamid is a combination product of chloralanhydride and formamid, from the formula:—



It is a colorless, crystalline substance, soluble in fifteen parts of water, and in one and one-half parts of alcohol (96 per cent.). It has a somewhat bitter taste, which remains but a few minutes. There is no unpleasant taste after using or any odor to the exhaled breath.

In a watery, slightly acid solution, it is stable unless exposed to a temperature exceeding 60° C. (140° F.). Chloralamid may be given in powder, tablets, or, for immediate use, in solution (*vide supra*) in the dose of 2.0 to 4.0 grammes ʒss-j).—*Berliner Klin. Wochenschrift*, 1889.—*The Satellite.*

THE TREATMENT OF TYPHOID FEVER BY WARM BATHS.

Here, as elsewhere, the treatment of typhoid fever by cold or tepid baths, although looked upon as the best and most reliable method known, is gradually falling into disuse as a matter of routine. Some distinctly object to it, and amongst the number of these Dr. Anuschat has lately published his objection in a recent number of the same paper. (*D. Med. Z.*, 53, '89) Dr. Anuschat believes that it is not the cold but the water that ought to be credited with the good obtained, and he believes he is justified in this opinion by the results of his successful treatment of 150 cases by what he calls the warm bath. The treatment he employs is as follows:—A bath three times a day of 28 R., when the temperature is 38 to 39 C., when it is from 39 to 40 C., 27 R., and 26 R., when it is over 40 C. (i.e., from 95 to 90 F.) The action

of the baths is said to be favorable. Improvement generally sets in after three days. Their beneficial effect is best seen, however, in the almost complete absence of complications, and in the shortening of the illness. With the exception of five cases, all were less than four weeks in bed. In explanation of the good effects of the warm baths treatment, he assumes a special catalytic action on the part of the water. As regards diet and medicines, he follows the classical lines.

In particular, he makes free use of port, sherry and madeira.—*Medical Press.*

REMOVAL OF RENAL CALCULI BY TOXIC DOSES OF BELLADONNA.

In the *Prov. Med. Jour.*, October, 1889, Dr. Murray states that, in his experience, belladonna is more beneficial than opium in relieving the pain of renal colic. In cases of renal colic, moreover, the author contends that if the drug is pushed sufficiently long, and in large enough doses, the entire removal of the calculus—first from the pelvis of the kidney to the bladder, and then from the bladder *per urethram* often follows. Some cases are quoted illustrating this assertion. One patient had suffered for several months from repeated attack of renal colic, during the last of which he was seen by the author, who gave belladonna until its physiological action on the eye and throat was evident, and then it was pushed further, so that in a few hours a lithic acid calculus was passed as large as an almond. In another case a youth suffered so severely from renal pain that it was decided to operate, but, before consenting, the parents consulted Dr. Murry; he ordered twenty drops of tincture of belladonna every hour, and at the end of five hours a round rough calculus was passed. The special point to be remembered in these cases is to push the drug to its toxic stage, and keep up its action after the pain has been relieved, until a fair time has been allowed for the expulsion of the stone. You may begin with forty minims of the tincture, and repeat it every two hours, increasing or diminishing the dose according to its effect on the pain.—*London Med. Recorder*, Nov. 20, 1889.

CATARRH OF PHARYNX.

The following is claimed to be a useful gargle in catarrh of the pharynx:

R Sulph. zinci, gr. xv.
Thymoli, gr. ʒ.
Alcoholic, } aa f ʒ jss.
Glycerini puri, }
Aq. Menth. pip. f ʒ x.
M.

—*Med. and Surg. Reporter.*

THE TONSILS IN PHTHISIS.

Dr. Dmokhovski publishes in a Polish medical journal, the *Gazeta Lekarski*, some important observations on the condition of the tonsils and the follicular glands at the base of the tongue in phthysical subjects. Strassmann had previously made some observations on the tonsils, and had found them affected in thirteen cases out of twenty-one which he examined. Dr. Dmokhovski was able to show some affection of the tonsils in every one of the fifteen cases examined post mortem, the lymphatic glands at the base of the tongue being also affected in nine of these cases. The lungs were in every instance decidedly affected, and in five there was slight tuberculous ulceration of the larynx. The ages of the subjects varied from eighteen to fifty-six. Presumably the tonsils were infected from the mouth, the bacillary infection at first affecting the epithelial layers and subsequently the deeper tissues—viz., the lymphatic sinuses and the follicles themselves. The tuberculous character of these changes was made manifest either by the existence of large disseminated collections of Koch's bacilli, or by the concomitant signs of general inflammation of the connective tissue, or by the occurrence of fully developed tubercles. These showed themselves first of all in the connective tissue between the follicles along the lymphatic vessels leading to the neighboring cervical lymphatic glands. Ulcerations of the tonsils were observed in the crypts, but never on the free surface of the glands; sometimes cavities were found in the tonsils. In the living subject no marked affection could ever be detected by the naked eye in the tonsils. The absence of disposition to external ulceration is explained by the supposition that the deeper tissues form a far more suitable soil for the development of the tubercle bacilli than the superficial tissues—that is, the mucous membrane covering the surface of the glands.—*Lancet*.

THE INFECTIVITY OF A CORPSE.

The question as to how far a corpse can be considered infectious is one concerning which very considerable difference of opinion exists. We have ourselves recently been the medium of the expression of the two sides of the matter—much, we fear, to the unsettling of the views of those who ventured to ask for a definite answer to a question that, in our present state of knowledge, really admits of no such definite answer. In a northern town much controversy has recently arisen respecting the prohibition to admit into the cemetery chapel any corpse of a child dying of whooping-cough, lest the disease be transmitted therefrom to those entering the chapel. As regards this particular disease, the question of post-mortem infectivity might, perhaps, be decided by the bare fact that, as it is

probable that the expired breath is the carrier of the "germ" or "virus," the risk of such contagion is reduced to a minimum when the act of respiration has ceased; and that only by assuming the retention of the infective agent in clothing, &c., could the corpse strictly be said to be infectious. Yet it is only a matter of opinion, and we are not aware of any facts to warrant the assertion that whooping cough has never been so transmitted. We should, however, consider it as the *ne plus ultra* of sanitary caution to enforce such a prohibition as that named. Perhaps some of our readers could adduce instances of post-mortem infection in the case of whooping-cough or allied diseases. If so, we shall be glad to receive them, and they may then afford some basis for a line of action which must be thought to be somewhat arbitrary with present knowledge. It is otherwise with diseases where the virus is more likely to be given off from the surface of the body—as scarlet fever, measles or small-pox; but even in these cases records are very few of infection being transmitted by a corpse.—*Lancet*—*Maryland Med. Journal*.

AMMONIA IN COCAINE POISONING.

A case of poisoning by a very moderate quantity of cocaine is reported by Dr. Golovkoff, in the Proceedings of the Caucasian Medical Society, where ammonia was used with good effect to restore the patient. The patient was a somewhat delicate woman, who was suffering severely from toothache. The pain becoming unbearable, Dr. Golovkoff injected fifteen minims of a two per cent. solution of the hydrochlorate of cocaine under the skin of the left cheek, which gave relief for three or four hours, when the pain returned as acutely as ever. A second fifteen minims were injected, and in about five minutes time the patient became restless, her pupils dilated, the surface of the skin became pale, the pulse and likewise the respirations became rapid, and shivering came on; the respirations soon ran up to 200 per minute, and were labored. A curious effect, too, was produced on the sounds of the heart, causing them to be audible at the distance of two paces from the patient. There was great pain over the cardiac region and back, together with a dread of death and convulsive movements of the limbs. There was some liquor ammoniæ at hand, and this the patient was given to smell and a few drops was given internally every five or ten minutes. Amyl nitrite was also employed, but the latter seemed to do more harm than good, while the ammonia soon brought the pulse and respiration, and indeed the general condition of the patient, into something more like their natural condition, so that in about a couple of hours she had quite recovered. Dr. Golovkoff remarks that the only case he has

been able to find in medical literature where ammonia was used as an antidote in cocaine poisoning was by Dr. Gooding, of Barbadoes, reported in *The Lancet* of 1888, vol. i, p. 394, and copied into the *Méditsinskoe Obozrénie*. (This was a case of a negress who had developed alarming symptoms after less than half a grain had been injected into the gum; she was treated by hypodermic injections of ether and ammonia.)—*Lancet*, Nov. 30, 1889.

INFANTILE DIARRHŒA.

At a meeting of the Harveian Society of London, held November 7, 1889, and reported in the *Medical Press and Circular*, on the causation and the treatment of that variety of acute infantile diarrhœa produced by irritative products, resulting from fermentations set up in milk, either previous to or after ingestion. While admitting that though probably several irritating substances resulting from the fermentation of milk are factors in production of the form of acute infantile diarrhœa under consideration, he contended that the principal share of blame rests with milk or cheese ptomaine tyrotoxin produced during the fermentation of milk under certain conditions. The treatment of acute infantile diarrhœa, with the view of arresting the abnormal intestinal fermentation was then considered. Carbolic acid, creosote, resorcin, salicylic acid, salicylate of soda, naphthol, and salol have been given in the hope of checking the putrefactive changes in the bowels. Ringer has recommended the administration of a weak solution of bichloride of mercury in infantile diarrhœa attended with very slimy stools. Dr. Luff then referred to Illingworth's antiseptic treatment of infantile diarrhœa, which he had himself found most useful, and the employment of which had first directed his attention to the treatment he had employed. This consists in drug treatment and diet treatment combined. The drug treatment consists in the administration of one-fiftieth of a grain doses of chloral hydrate. It was shown experimentally that the biniodide of mercury is an extremely soluble and diffusible salt, and that it possesses the property of combining with and rendering insoluble the milk ptomaine tyrotoxin. As regards the diffusibility of the biniodide of mercury, Dr. Luff has detected it in the urine within two hours of its administration. Dr. Luff had never found that soluble biniodide of mercury itself acts as an intestinal irritant. Of eighty cases of acute infantile diarrhœa treated by this method the diarrhœa ceased within two days in seventy-two of the cases, in five out of the remaining eight cases it ceased within four days, and in no case did it last seven days.—*Medical and Surgical Reporter*.

CAUSE AND TREATMENT OF THE VOMITING OF PREGNANCY.

At a meeting of the Paris academy of medicine, Dr. Guéniot said that the idea of combating the intractable vomiting of pregnancy with a single medicament appeared to him erroneous, as experience has shown. The numerous observations published up to the present time show that the cures obtained with therapeutic agents were obtained after trying various remedies without any particular one having shown a specific action.

Three organs concur in the production of the vomiting of pregnancy: First, the uterus, which is at once the seat of pregnancy and the source of special excitation to other organs; second, the nervous system (spinal and ganglionar), which transmits excitations to distant parts; finally, the stomach, which feels in an exaggerated manner the action of the uterine stimulus.

In order to combat the vomiting, not with a doubtful accidental result, but with almost constant success, it is necessary to resort to a complex treatment directed simultaneously to the three sources of the disease. The following fundamental indications must be fulfilled:

1. To calm the morbid excitement of the uterus by correcting the abnormal conditions which give rise to it. For this purpose the most valuable agents are belladonna, cocaine, morphine, vaginal injections, or appropriate topical applications, Gariel's pessary, cauterization, or even artificial dilatation of the neck of the uterus, according to the indications.

2. To diminish or suppress the exaggeration of reflex impressions, either by the use of chloral, or bromide, or refrigeration of the spinal region, moral influences, etc.

3. To combat the intolerance of the stomach, treating the different affections of which it might be the seat, and calming its erethism with the following measures: Almost absolute diet: abstinence from every sour drink, wine, juice of oranges, grapes, etc.; use of alkaline waters and ice in very small quantities; a fly blister with morphine to the epigastrium, and at times laxatives or other purgatives to regulate the functions of the intestines.

In order to insure the success of this medication, it is necessary to spare the stomach as much labor as possible. For the remedies, the intestinal tract should be used in preference to the stomach, and next in order the skin (hypodermically).—*Revista de Ciencias Medicas, of Barcelona*.—*New Orleans Med. and Surg. Journal*.

STERILIZATION OF FÆCES.

Dr. Charles J. Foote has made some very interesting and instructive experiments, in the laboratories of the Yale Medical School, to

determine the value of corrosive sublimate as a disinfectant for fæces, and, if useless, whether this is due to the formation of inert insoluble compounds of mercury with the fæces; and, further, to determine the relative value of certain other disinfectants used for this purpose. The solutions used were mixed with the fæces, and after a certain time culture media were inoculated from this mixture, and thus it was determined whether the mixture was sterile or not.

Standard solutions of disinfectants to be tested were made after the following formulæ:—

R Corrosive subl.,	3ij.
Water,	Cj.
R Chlde. of lime (U.S.P.),	3iv.
Water,	Cj.
R Sulphate of iron,	3xviiij.
Water,	Cj.
R Corrosive subl.,	3ij.
Tartaric acid,	3x.
Water,	Cj.
R Hydrochloric acid,	1 per cent. (3x to Cj).
R Corrosive subl.,	3ij.
Hydrochloric acid.	3x.
Water,	Cj.
R Carbolic acid,	5 per cent. (3l to Cj).
R Corrosive subl.,	3ij.
Potass. permang.,	3ij.
Water,	Cj.

At a test-mixture, normal fæces were used thoroughly mixed with about two-thirds their bulk of decomposing urine. One part of this test-mixture was mixed with two parts of the disinfecting solution. The conclusions drawn from his experiments were as follow:—

The best disinfectants to use are the bichloride with hydrochloric acid, the bichloride with potassium permanganate, and chloride of lime.

Five-per-cent. solutions of carbolic acid and two-tenth-per-cent. solutions of the bichloride are unreliable, even when used in the proportion of one pint to every one hundred cubic centimetres of dejection.

Emphasis needs to be laid on the necessity of thorough disintegration of the fæcal matter by stirring it with the disinfectant, and on the need of allowing the mixture to stand four hours at least before emptying.

For continued use the bichloride solutions would injure lead pipe, while used for a few days only probably no injury would result. For long-continued use, where the dejections are thrown into a water-closet, chloride of lime is undoubtedly the most available disinfectant.

Solutions of chloride of lime should be kept tightly corked, and should not be used after they are a week old.—*Am. Jour. of the Med. Sci.*, 1889.

ARSENIC AND BICHLORIDE OF MERCURY IN THE TREATMENT OF ANÆMIA.

Although it is perfectly true that we have almost no knowledge of the manner in which alteratives act in instances of diseases where, through morbid functional activity, enlarged glands of growth appear, it is evident that they must act upon the trophic nerves or directly upon the nourishment of the affected parts. If they are used in large quantities they act as depressants to the normal nutrition of the body, producing primarily a decrease in the vitality of morbid growths, so that they melt down and disappear, and they may finally so reduce the condition of the healthy tissues as to cause sloughs and ulcerations. Whether these changes are due to the over-stimulation of nutrition—that is, to an excessive trophic change—or whether they depend upon actual lowering of the tone of the parts, we know not. One thing we do know, however, and that is, that small doses of most of the so-called alterative drugs act as very distinct stimulants to the development of normal structures, and in no instance do we find this more typically represented than the effect which they exert on the blood. Quite a number of years ago Keyes, of New York, emphasized the value of minute doses of mercury bichloride in syphilitic and other anæmias, and abundant clinical observation has certainly confirmed his views. The dose of bichloride of mercury in anæmia should be about one-fortieth of a grain. Not only will minute doses of the bichloride of mercury act in this way, but small amounts of calomel or mercury itself will have such an affect.

Inunctions of very small amounts of mercurial ointment, once a day, or every other day, in adults and children, will increase the fulness and redness of the cheeks and lips, and the number of the corpuscles; the piece of ointment used being no larger than the half of a very small pea. This treatment will be found of service in cases not dependent upon specific taint or scrofula. The marked increase in the nutrition of children of a syphilitic taint, who are suffering from marasmus, under the use of gray powder and inunctions, gives further evidence of this fact.

Arsenic also is of value in anæmic conditions, and may be employed in comparatively larger doses than mercury; but, nevertheless, smaller amounts than are usually given in chorea and similar states. Osler has shown the value of the drug in anæmia, and so has Barton, of University College, in England. Any one of the preparations may be employed, but not more than one-sixtieth of a grain of arsenious acid should be taken in a day, although more has been used with no less benefit to the patient. Most of the drug under these circumstances is

in excess and is cast off in the urine and faeces unused and wasted, and strains and irritates the emunctories of the body during its passage through them.—*Editor Medical News.*

TREATMENT OF DYSENTERY BY ENEMATA OF CORROSIVE SUBLIMATE, ETC.

It is now generally recognized that certain morbid conditions of the intestinal tract may be favorably modified by various drugs belonging to the class of antiseptics, among which the chief are calomel, bismuth, naphthalin, and thymol. It is a noteworthy fact that these substances are all insoluble, and it is in virtue of this property that they are enabled to run the gauntlet of the absorbents and exert their specific action upon the intestinal contents. The best of all antiseptics—corrosive sublimate—has thus far been of little use for the purpose mentioned, because it was supposed that no benefit could be exerted by any but a lethal dose. While this may be true of its administration *per os*, it is shown by G. LEMOINE (*Bulletin général de Thérapeutique*, January, 1890) to be a mistake so far as concerns administration *per rectum*.

Lemoine has treated fifty-four cases of dysentery by enemata of corrosive sublimate and with the happiest results. The strength of the solution was one to five thousand, of which, two hundred grammes were at first administered three times a day; later, two hundred grammes of a solution in one to three thousand were injected twice daily. Improvement showed itself, as a rule, after the first injection, the first symptoms to disappear being the tormina and tenesmus. In a certain number of cases the tenesmus was so great that the enema could not be administered without a preliminary treatment, which consisted in painting the sphincter with a five per cent. solution of cocaine.

In the acute cases, a cure resulted from this treatment in from three to four days; whereas, in the more chronic cases which presented themselves for treatment on account of an acute exacerbation, a cure was effected, as a rule, in one day. The latter treatment is somewhat startling in view of the well-known fact that chronic dysentery is decidedly rebellious to all the usual modes of treatment.

In no case was there any sign of systemic poisoning. It is probable, Lemoine believes, that the mercury is not absorbed when thus employed in dysentery. In five cases he tested the urine for mercury, and in every instance with negative results. This fact seems to stand in marked contradiction with the well-known absorbent power of the large intestine, and is probably due to the intensity of the inflammation of which it was the seat.

Lemoine's cases were all treated in Algiers, and many of them were of a severe type. In view of the infectious character of dysentery, the treatment is eminently rational, and the demonstration that our most powerful germicide can be used with impunity as an intestinal antiseptic is of decided value. At the same time, in view of the accidents that have followed the employment of resorcin in lavage of the stomach, we would recommend the greatest caution in the use *per enema* of the more poisonous corrosive sublimate.—*Editor Med. News.*

THE CLIMATOLOGY OF HÆMOPTYSIS

Dr Roland G. Curtin, of Philadelphia, in an address before the American Climatological Association, June 25, 1889, tabulates the influence of climate on hæmoptysis under two heads: first, the preventive and curative, and, second, the causative:—

1. Preventive and curative elements.

Rarefied air arrests the ulceration or other diseased processes and lowers the arterial tension. This greatly overbalances the unfavorable tendency of increased heart action and loss of support to the lungs from diminished air-pressure.

Cold air contracts the tissues and blood-vessels, thus preventing a flow of blood when such tendency exists. Its general invigorating effects are beneficial.

Dry air desiccates the pulmonary tissues, decreases the fluidity of the blood, and blocks up the blood-vessels,—all favoring the arrest and prevention of bleeding.

Aseptic air favors repair and cure of lung disease, and kills or dwarfs the action of the disease-germ.

Outdoor life, when not associated with too much exposure, exertion, or fatigue, is beneficial.

Sunshine improves the general nutrition.

2. Causative elements.

Sea-level air, by its greater density, diminishes the tendency to hæmoptysis, but the increased arterial tension and the moisture usually present in such localities more than counterbalance the beneficial effect of the support given by the air-pressure.

Salt air hastens the breaking-down process in tubercular lung disease. The effect is probably good in syphilitic lung troubles, and sometimes in simple chronic inflammatory non-tuberculous lung affections.

Moist air hastens the ulcerative process, liquefies the blood and secretions, and renders the tendency to the oozing and flowing of the blood more liable.

Warm air relaxes the tissues and blood-vessels and enervates and relaxes the system at large.

Thus he concludes that each case should be carefully studied in all its phases before deciding upon a change of residence. On a high mountain (say from 5,000 to 10,000 feet [1550-3100 metres]), a residence far removed from the sea-coast, is best for a patient with a tendency to hæmoptysis. At a location of this kind one would probably have not only a rarefied, but also a cold, dry, aseptic air,—factors which would be most beneficial. Care should be taken that the elevation of the patient should be gradual and not too rapid; otherwise the early effects of a sudden elevation might be followed by unpleasant results. A case of syphilitic phthisis will probably be benefited by sea-air, while a tubercular patient would be injured by it.—*The Satellite*.

TREATMENT OF INFLAMMATORY DISEASES OF THE SKIN.

Dr. Lassar, of Berlin, recently read a very interesting paper upon the treatment of inflammatory diseases of the skin, before the section on dermatology and syphilography of the American medical association. His paper is reported in full in the *Journal of Cutaneous and Genito-Urinary Diseases* for October 1889.

The salve so well known by his name is again recommended by him as a sample of "a permanent application of emollient and indifferent preparation," and we give it for the benefit of those who are not familiar with its component parts:

R Acid, salicyl.	2.0
Vaselin, flav.	50.0
Zinc, oxid.	
Amyli,	aa 24.0
Misce leniter toreando f. pasta.	

"The advantages of this paste," says the author, "are that it is generally well borne. Be it a child of a few weeks, or an old person, the influence is a benignant one. It produces a slight, soft scaling, and, besides, a constant drying, because it acts like a filter. All lymphatic exudations pass this porous layer, and are drawn out into the bandage, instead of forming a crust upon the wounded skin itself. This is an important advantage for the completion of regeneration, because the neighboring epidermis is not obstructed by masses of adherent crust. The bandages are to be made of thin layers of cotton, and some few turns of muslin, where applicable. This gives the advantage of preventing the germs in the atmosphere, as well as the dirty nails of the patient, from disturbing the process of healing."

Dr. Lassar speaks of a prescription for *pustular affections of the hairy parts of the head and beard*: "It came into my hands through a shepherd who wished to enlarge his professional knowledge by visiting my clinic.

In order to introduce himself he showed a salve which he said had a miraculous effect upon skin diseases. The chemical analysis brought out the following simple formula:

R Hydrargari sulphurati rubri,	1.0
Sulphuris sublimati,	24.0
Adipis,	75.0
Olei bergamottæ,	gtt. aliquat.

This same prescription had already been used by Dr. Bielt, of the Hôpital St. Louis, some fifty years ago, and had thus been recalled to domain of dermatology. Especially its effect is to be remarked in all impetiginous affections of the hairy regions.—*New Orleans Med. Surg. Jour.*

ANTISEPSIS IN TYPHOID FEVER.

The so-called antiseptic treatment of typhoid fever is a valuable addition to the therapeutics of this disease. Dr. John A. McCockle, in the *Brooklyn Med. Journal*, Dec. 1889, says that it is well to begin antiseptics at the mouth by strict cleanliness and antiseptic washes. Carbolic acid is a deserving remedy, and one in which he has much confidence.

R Acidi carbol,	℥ xxiv.
Glycerin,	f 3 ii.
Liquid pepsin. aromati,	f 3 i.
Aquæ menth. pip,	f 3 ii.

M. Sig. A teaspoonful one hour after food.

This combination aids digestion, checks decomposition, and acts as a disinfectant.—*Med. and Surg. Reporter*.

RECENT RESEARCHES INTO DIPHTHERIA.

The important subject of the prevalence of this fatal and distressing malady in various parts of the country continues to engage the anxious attention of the Government, and fresh reports from the pens of the several Inspectors engaged in unravelling the skeins of the problem are to hand. Little that is new has been elucidated, but one or two points are of interest, and all contributions to the etiology and mode of transmission of diphtheria must be eagerly welcomed and considered. The futility is again demonstrated of attempting to get at the ultimate origin of an outbreak, especially in inquiries of this sort, which are undertaken months after the outbreak has ceased. The confusion of nomenclature, which is such a hindrance to correct registration and classification, is again apparent. Thus, a throat affection which obtains in a district is indifferently labelled "croup" or "laryngitis" or "tracheitis" for a longer or shorter time before its true nature is discovered. Indeed, in an Essex district, Dr. Bruce Low found it endowed with such various appellations as

"congested sore-throat" and "rheumatic sore-throat," as well as the ordinary ones of "tonsillitis" and "follicular tonsillitis." But Mr. Spear inclines to the view that not all the "croup," &c., is really diphtheritic in nature; though the facts adduced in his own reports seem to support the modern doctrine. The association of diphtheria with humidity of atmosphere and dwellings is again suggested by Mr. Spear; and the potent influence of school assemblage in promoting and furthering the disease is again proved to demonstration. On the question of the etiological dependence of the disease on insanitary conditions, some of the Inspectors appear to differ; for whilst Dr. Bruce Low, by proceeding on broad inductive principles, shows that localities which had the most diphtheria were the least insanitary, and the converse, and therefore, dismisses this factor from consideration, Mr. Spear, on the other hand, seems to incline to the causal connection of the two, particularly in the case of marked excremental pollution of the atmosphere produced by a bad midden system. The supporters of the latter view would naturally rely less upon the propagation of the disease by personal communication than those who deny the relation of diphtheria with insanitary conditions. And this leads us to the more novel points that present themselves in the reports that have been recently published. They are (1) the influence of factories in disseminating the disease; (2) the suggestion of mediate conveyance of diphtheria infection, *e g.*, by the clothes of persons themselves not suffering from the complaint, by articles of clothing and manufacture proceeding from infected houses; (3) the possibility of cases discharged too soon from hospital causing recrudescence of the malady. The first two matters are laid out in Dr. Bruce Low's able Halstead Report, where it is shown that factory women employed in a town all the week, where diphtheria was prevailing, and spending their Saturday to Monday at home in villages around communicated the disease there extensively; and where instances are recorded of the families of clergymen and doctors in the rural parts owing their attacks to the head of the family bringing the disease home in his clothes, and of its being spread by means of coats and straw plaits sent out from infected houses. The third point is brought out by Mr. Spear who gives an account of a case discharged from hospital after only twenty-eight days' detention being shortly followed by other cases in the same house. The possibility of the mediate infection of diphtheria is one that has not been sufficiently recognized up to the present, and we trust that future observations on the subject will not be wanting. At any rate, the evidence is sufficient to indicate the need of caution, especially by all concerned in hospital administration. Not less important is it that patients should not be

discharged from hospital before full recovery; and it is a good rule to insist upon a minimum detention of six weeks.—*Med. Press and Circular.*

NEWS ITEMS.

THE WILLIAM F. JENKS MEMORIAL PRIZE.

The second triennial prize, of four hundred and fifty dollars, under the deed of trust of Mrs. William F. Jenks, will be awarded to the author of the best essay on "The symptomatology and treatment of the nervous disorders following the acute infectious diseases of infancy and childhood."

The conditions annexed by the founder of this prize are, that the "prize or award must always be for some subject connected with obstetrics, or the diseases of women, or the diseases of children;" and that "the trustees, under this deed for the time being, can, in their discretion, publish the successful essay, or any paper written upon any subject for which they may offer a reward, provided the income in their hands may, in their judgment, be sufficient for that purpose, and the essay or paper be considered by them worthy of publication. If published, the distribution of said essay shall be entirely under the control of said trustees. In case they do not publish the said essay or paper, it shall be the property of the College of Physicians of Philadelphia."

The prize is open for competition to the whole world, but the essay must be the production of a single person.

The essay, which must be written in the English language, or if in a foreign language, accompanied by an English translation, should be sent to the College of Physicians of Philadelphia, Pennsylvania, U. S. A., before January 1, 1892, addressed to Louis Starr, M.D., Chairman of the William F. Jenks Prize Committee.

Each essay must be distinguished by a motto, and accompanied by a sealed envelope bearing the same motto and containing the name and address of the writer. No envelope will be opened except that which accompanies the successful essay.

The Committee will return the unsuccessful essays if reclaimed by their respective writers, or their agents, within one year.

The Committee reserves the right not to make an award if no essay submitted is considered worthy of the prize.

The celebrated Jonathan Hutchinson recently exhibited a case of skin disease before a medical society, with the statement that he was unable to make the diagnosis.

CORYZA.

The following solution for nasal catarrh is recommended by Professor Leffert, who claims it to be most efficacious :

R. Acidi carbolici,	℥j
Sodii boratis,	3j
Sodii bicarbonatis,	3j
Glycerini,	f3j
Aquæ rosæ,	f3j
Aquæ, q. s. ad.,	℥j

M. Sig. : Use as a spray.

FORMULA FOR MIGRAINE.

Dr. Hammerschlag publishes, in the *Allgemeine medicinische Centralzeitung*, the following prescription which he has found valuable in migraine :

R. Caffein. citrat.,	gr. jss.
Phenacetin,	gr. iij.
Sacchar. lacti.,	gr. v. M.
Ft. Pulv.	

Such a powder may be taken every two hours until the patient is relieved.—*Medical News*.

TREATMENT OF BARBER'S ITCH.

Dr. Rosenthal orders the seat of the affection to be closely shaved daily, and the following ointment to be rubbed in twice a day :

R. Acid. tannic.,	gr. xlv.
Lact. sulph.,	3 jss.
Zinc. oxid.,	
Amyl.,	āā 3 iv.
Vaseline,	3 j.

M. Sig. To be used twice daily.

In a month nothing remains of the eruption but a very slow disappearing erythema.—*Weekly Med. Review*.

SWEATING OF THE FEET.

The result of extensive experiments in the German army as to the best treatment for excessive sweating of the feet has been to prove the great superiority of chromic acid over all other applications. Of 18,000 cases in which chromic acid was used, 42 per cent. were reported "cured," 50 per cent. "improved," and only 8 per cent. "unrelieved." The feet are first bathed, and, after being thoroughly dried, a 5 per cent. solution of the acid is applied with a brush. Two or three applications suffice, as a rule, but the treatment has sometimes to be repeated after a fortnight.—*Brit. Med. Jour.*

As a head wash in cases of alopecia :

R. Creolin,	0.05
Hydrarg. bichlor.,	0.001
Aq. rosæ,	100.0
Aq. distill.,	400.0 M.

—*Canada Pract.*

THE CANADA MEDICAL RECORD,

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MONTREAL, MAY, 1889.

THE TRADE IN DEGREES

At a time when we are all trying our best to raise the standard of medical education in this country and are congratulating ourselves on the splendid reputation which Canadian diplomas enjoy in other countries, we are exceedingly grieved to read under the above heading the following remark on the alleged action of the University of Trinity College, Toronto, in selling degrees to non-residents of this country.

But of late ugly rumours have been abroad that another university in Toronto, in no way connected with the State University, has been offering to England a more than doubtful boon in the shape of degrees *in absentia*, such as once made certain German universities notorious, and such as are still dealt in by "diploma mills" in the United States. The "University of Trinity College, Toronto," was established by Royal Charter in 1852, "for the education of youth in the doctrines and duties of the Christian Religion as inculcated by the United Church of England and Ireland, and for their instruction in the various branches of science and literature which are taught in the Universities of the United Kingdom." Sums of money were freely subscribed in England, and especially in the English universities, for its endowment. But by the side of the noble University of the Province of Ontario, founded on broad and unsectarian principles, the Episcopal College has languished, and repeated begging in its aid

would seem to have at length exhausted the charity of benevolent churchmen at home. The Council have accordingly thought fit to raise funds by offering degrees for sale, not in Canada, where the limits of their charter are probably well understood, but in this country. An English "registrar," whose address is given in some of our medical contemporaries, and a "Board of Referees" have been appointed, and degrees in music have been the first "article" in which these gentlemen have dealt. To obtain these coveted and commercially valuable distinctions, candidates who have been rejected by our universities as unqualified for graduation have only to apply to the "Registrar," a "Rev. Dr.," no residence in Toronto is required; indeed, Trinity College seems to possess no teaching faculty in music; the small sum of £16, duly paid, is all that is necessary. The abuse has reached such dimensions that a deputation of persons representing the Faculties of Music in the English universities and colleges waited recently on Lord Knutsford, the Colonial Secretary, to ask that it might be stopped. His lordship gave a reassuring reply, and we may hope that ere long the "Registrar" and his "Referees" will be driven to take their musical wares elsewhere. But if a *communiqué* in two of the medical journals is to be credited, a new traffic in M. D. degrees is to be substituted. The same "Rev. Dr." may be consulted by qualified practitioners of five years' standing; the question arises whether he proposes to gratify their aspirations for a dignified title, without the irksome condition of further study or examination. We need hardly point out that the General Medical Council is not likely to admit to registration a degree of this nature, that it can add nothing to the reputation of any medical man who is inclined to accept it, that as the object of the University in selling it is frankly to gain money, the temptation to lower the five years' qualification limit will be strong; and lastly, that the sale of degrees without examination must undermine the efforts now being made in this country to raise the standard of medical education. The developments of this trade in degrees will be closely watched, and it is to be hoped that the opposition offered to it by the medical profession will be no less jealous and energetic than raised by the profession of music.

We sincerely hope for the good name of those who have honorably won their degrees after a long and arduous course of studies and a severe examination at the various other universities in Canada, that this charge against the university of Trinity College, Toronto, is not true, in which case we hope that its representatives will lose no time in giving an indignant denial to it in

the journal in which the above appeared. We cannot afford to have the slightest slur cast upon Canadian degrees, the holders of which are not inferior to those holding English or Scotch degrees.

BOOK NOTICES.

P. Blackiston, Son & Co., Philadelphia, published March 15th, a new Medical Dictionary, by GEORGE M. GOULD, A.B., M.D. It is a compact one volume book, containing several thousand new words and definitions, collected from recent medical literature, while the total number of words is beyond that in any similar book. It includes also elaborate and useful tables of the Bacilli, Leucococci, Ptomaines, Micrococci, etc., of the Arteries, Nerves, etc., and of the Mineral Springs of the U. S., together with other collateral information.

REPRINTED FROM ANNALS OF GYNÆCOLOGY AND PEDIATRY, March, 1890. Eleven cases treated by electricity. By T. Hewson Bradford, M.D.

IMPORTANCE OF OEDEMA OF THE VAGINAL PORTION OF THE CERVIX UTERI AS A SYMPTOM OF CHRONIC DISEASES. By Andrew F. Currier, M.D., New York. Reprint from vol. xiv. Gynecological transactions, 1889.

PRESENT STATUS AND TENDENCY OF GYNÆCOLOGICAL THERAPEUTICS. By Andrew F. Currier, M.D., of New York. Read before the annual meeting of the Woman's Hospital Alumni Association. Reprint from the New England Medical Monthly.

TRANSACTIONS OF THE COLLEGE OF PHYSICIANS, OF PHILADELPHIA. Volume the eighteenth.

With this volume is bound the William F. Jenks prize essay of the College of Physicians of Philadelphia, on the "Diagnosis and Treatment of Ex tra-uterine Pregnancy." By John Strahan, M.D., M.Ch., M.A.O., of Belfast, Ireland. Prize awarded January 29, 1889.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS, consisting of original treatises and reproductions, in English, of books and monographs selected from the latest literature of foreign countries, with all illustrations, etc. Contents:—The Human Foot; its form and structure, functions and clothing. By Thomas S. Ellis. Modern Cremation; its history and practice. By Sir H. Thompson, F.R.C.S. Aphasia; a contribution to the subject of the dissolution of speech from cerebral disease. By James Ross, M.D., LL.D. Published monthly. Price, \$10.00 a year; single copies, \$1.00. April, 1890.

INJURIES OF THE BLADDER DURING LAPAROTOMY; including a report of sixty-seven cases. By A. Reeves Jackson, A.M., M.D., professor of gynecology in the College of Physicians and Surgeons, of Chicago; fellow of the American Gynecological Society; British Gynecological Society; Chicago Gynecological Society, etc. Read in the section of obstetrics and diseases of women at the fortieth annual meeting of the American Medical Association, June, 1889. Reprinted from the "Journal of the American Medical Association." February 22, 1890.

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Original Communications.

CASE OF GONORRHŒAL SALPIN- GITIS AND GONORRHŒAL RHEUMATISM.

By A. LAPHORN SMITH, B.A., M.D., M.R.C.S., Eng., Lecturer
on Gynecology, Bishop's College, Montreal.

Mrs. X., young married woman, with one child, a year and a half old, and nearing the end of her second pregnancy, called at my office on 14th April, '90, complaining of severe pains all over her body, which were especially marked about the region of the bladder. On being questioned she stated that she had a profuse yellow discharge; she was also obliged to pass water very frequently, and it scalded her while doing so. Her temperature was 103° F. I gave her antipyrin, 10 grs. every four hours, and ordered her to syringe with hot water. On calling next day at her house I found that the powders had afforded her no relief; the pains increased in severity, while hypodermics of morphia made her much worse, although alkalies and hyoscyamus relieved the bladder troubles. On the 17th April the pains which had been general over the whole body became distinctly localized in the joints, the wrist and knees especially becoming very much inflamed, and she could not bear the slightest movement. It was clear that I had a case of acute rheumatism

to deal with. I placed her on 10 grs. of salicylate of soda, 5 grs. iodide potash and 10 min. aromatic spirits of ammonia every two hours, assuring her that within three days the pains would be gone. In this I was disappointed, for in spite of this treatment the pain extended to other joints and also to the heart, necessitating the application of sinapisms over the precordial region. It was not until the 26th April—twelve days from the beginning—that the pain was controlled and that she was able to move the affected joints. On inquiring I ascertained that the occupation of her husband was that of conductor on a sleeping car. This coupled with the discharge above mentioned, made me suspect that the case was one of gonorrhœal rheumatism, and this was the reason why it had so long resisted a treatment which I had never known before to fail in ordinary cases of rheumatic fever. On mentioning my suspicions to her she confirmed them by saying that her husband was under treatment with another doctor, which necessitated the use of a syringe. I had him call at my office, where he acknowledged the truth? On the 28th April she was prematurely delivered of a dead child. She was frequently douched both before and after delivery. Nevertheless, the infection seems to have spread up the uterus, through the right tube into the peritoneal cavity, for

a few days after she had an exudation, which distinctly pressed upon the nerves coming from the sacral plexus, causing her right leg to be almost completely paralyzed. This exudation yielded to proper treatment, and on the 22nd May she had regained the use of her right leg. The salicylate treatment was kept up during six weeks but in greatly lessened doses after the first two weeks. She is making a good recovery, there being no heart murmurs, temperature only one degree above normal and the discharge almost stopped. As I have met with only two or three cases of gonorrhoeal rheumatism in the female I thought it might be of interest to record this one.

WARMING MEDICINE BEFORE ADMINISTRATION.

Lewin recommends the warming of medicines before administering, and of subcutaneous solution as well. The absorption, he points out, is much quicker and the doses necessarily smaller.—*The Medical Age*.

PRESCRIPTION FOR PSORIASIS.

The favorite prescription of Mr. Jonathan Hutchinson for psoriasis is:

R.—Acid. chrysophanic.....gr. x.
Liq. carbonis deterg. (Wright's)...m. x.
Hydr. amm. chlorid.....gr. x.
Adip. benzoat.....3j.

Misce fiat unguent.

At night the patient should wash the diseased surfaces free from all scales, then standing before a fire rub on the ointment, devoting, if possible, half an hour to the operation. This proportion of chrysophanic acid is not irritating, and stains the linen but slightly. With some cases even a weaker chrysophanic ointment is entirely sufficient. Internally, Mr. Hutchinson prescribes arsenic, though he is not convinced that it is an important adjunct.—*Archives of Surgery*, 1889.

POWDER FOR PAPULAR ERYTHEMA.

The following powder is recommended by Besnier, in *L'Union Médicale*, for the treatment of papular erythema:

R.—Powdered boric acid.....3ss to 3j.
Chalk
Oxide of zinc }āā 3iij.
Powdered starch }

This is to be dusted over the part. If the irritation is intense, a mild solution of boric acid is first to be applied and followed by the powder.

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Regular Meeting, May 10th, 1890.

DR. ARMSTRONG, PRESIDENT, IN THE CHAIR.

Present: Drs. Major, Richard Macdonell, Kenneth Cameron, A. D. Blackader, E. H. Blackader, Spendlove, Jack, Rollo Campbell, Finley, Wesley Mills, J. J. Gardner, Laphorn Smith, Shepherd, James Bell, James Guerin, T. W. Campbell, McKechnie, H. Bell, Shanks, Birkett, Trenholme, W. Gardner, Proudfoot, England, Allan, Hutchison, Reed, DeCow and McCarthy.

After routine the following pathological specimens were shown:

- (1.) Duodenal ulcer, by Dr. Geo. Ross.
- (2.) Renal calculus, by Dr. Shepherd.
- (3.) Tumor of brain, by Drs. A. D. Blackader and Finley.

Dr. Shepherd said that he had performed the lumbar operation; that before the operation the patient had been reduced in weight to 90 lbs., but that after the removal of the calculus she had gradually gained in weight till she had reached 230 lbs.

Dr. Major showed a rhinolith, the nucleus of which was a piece of sea-shell introduced into the nostril 25 years ago. For some time past it had given rise to no discharge, nor to ozæna, there being simply obstruction. Dr. Major also placed on record a case of papilloma of the larynx.

Dr. Macdonell showed photographs of a woman, the subject of exophthalmic goitre; it was interesting from the fact that there were areas of pigmentation in the face near the eyes. This, though rare, has been already described.

Dr. Macdonell then read the history of a case of aneurism of the arch of the aorta. He said that the patient was walking across the hall of the hospital when he suddenly became cyanosed and clung to the bannister of the stair to save himself from falling. He was taken to his bed and, after a consultation, Dr. Major performed intubation. Next day he was somewhat better and the tube was removed. It was learned that he had no history of syphilis but that he had been employed in a warehouse where there was heavy lifting to be done. He was a very large man, being tall and very fat. Before this attack he appeared to be in good health. There was no tracheal tugging; and the pupils were equal. There was a great deal of difficulty in respiration which was not, apparently, due to obstruction. In the course of a few days he grew weaker and weaker and then died. At the autopsy there was found an aneurism of the arch of the aorta about three by four inches in size, the walls of

which were lined with fibrous deposits. There was first rupture of the aneurism hemorrhage into the posterior mediastinum which had torn through the œsophagus and then filled the stomach and intestines. There were also infarcts in the left lung, but the larynx was normal. The site of the rupture, which was a quarter of an inch in size and triangular in shape, was situated at the level of the bifurcation of the trachea. As regards treatment, the diagnosis of aneurism having been made by exclusion, iodide of potash in 15 gr. doses was given three times a day. Inhalation of chloroform was tried without relief. Bleeding might have relieved him, but was not tried. The reason why the symptom of tracheal tugging was absent was that the pressure was from behind and below, and not from above downwards.

Dr. Major then read the following paper on this case :

On being called in consultation had found the case as stated by Dr. Macdonell.

Intubation was decided upon but did not afford much relief. The tube was withdrawn and larynx examined. The left vocal cord was fixed at the middle line, showing left abductor paralysis with spasm of the antagonistic abductors. Right vocal cord movable but inclined to abduction. This pointed directly to pressure on the left pneumogastric. In paralysis due to pressure on one recurrent laryngeal the vocal cord of the same side only is affected, whereas in pressure on the vagus or main trunk of the nerve abductor paralysis of both sides is observed.

The value of laryngoscopic examinations should not be disregarded, as it often happens that the laryngeal are the only signs available. In the throat department of the Montreal General Hospital ten or a dozen cases of aneurism are met with in the course of a year, whose only ailment has been a slight dyspnoea or loss of voice. Tracheotomy was not performed for the following reasons : 1st. Intubation failed to give the immediate relief it should have done if the case were one of pure obstruction. 2d. There was an absence of the usual signs of laryngeal dyspnoea.

Under certain conditions where you can exclude reduction of the lumen of the large air passages and are satisfied that laryngeal stenosis is the chief factor in the case, tracheotomy should be resorted to, not only for purposes of breathing but because the difficult breathing has a deleterious effect upon the aneurismal sac.

Dr. Mills asked what was the condition of the nerve fibres.

Dr. Lapthorn Smith asked what was the exact cause of death.

Dr. Macdonell replied that the nerve fibres had not been examined; that the cause of death was undoubtedly a succession of hemorrhages

from the aneurismal sac into the stomach and intestines.

Dr. Mills thought that the imperfect circulation through the lung was one of the causes of the rupture. He also thought that dyspnoea was due to pressure on the vagi. He remembered a case which was under the care of Dr. Geo. Ross with urgent symptoms of angina; there was alteration of voice; decided paralysis on left side, but the cause could not be found, although there was nervous cough and dullness of the arch of the aorta. As he did not improve he went to consult some New York specialist, who, however, did not diagnose aneurism, of which disease, however, the patient ultimately died.

Dr. Lapthorn Smith related a case in which he had seen the right pneumogastric ligatured accidentally by a great London surgeon, who ligatured the common carotid, and in which death ensued a few days later from pneumonia of the right lung. It was the opinion of the staff that the pneumonia was directly due to the injury to the vagus.

Dr. Mills was glad that Dr. Lapthorn Smith had mentioned this case, as it proved that section of the vagus caused trophic changes in the lungs.

THE ANTISEPTIC TREATMENT OF ACUTE GONORRHOEA.

Dr. Castle (*Gaz. des Hopitaux*) gives his opinion of the antiseptic treatment of gonorrhœa in the following conclusions :

1. Antisepsis always has the result of maintaining the urethra in that state of asepsis which modern surgery seeks to obtain in all cavities which suppurate, as a condition favorable to the cure of the suppuration.

2. In a certain number of cases the antiseptic treatment brings about a remarkably rapid cure.

3. It is exceptional that when well done it does not bring about a more prompt subsidence of inflammation and a shorter duration of the acute stage.

4. It hastens the time when balsams can be used with success, and thus shortens the whole course of the disease.

5. Begun early, it diminishes the chances of extension of the blennorrhœa to the deep urethra, and makes vesical, prostatic, and testicular complication less frequent.

In exceptional cases he advises an attempt at abortive treatment by the injection of nitrate of silver.

As a non-irritating and effective antiseptic, resorcin is recommended. After the inflammatory stage is passed he employs balsamics alone, or in conjunction with the injections.—*Journal Cutaneous and Genito-Urinary Diseases*.

Progress of Science.

MONTREAL GENERAL HOSPITAL.

CLINIC OF DR. F. W. CAMPBELL.

Several patients with well defined epilepsy lately presented themselves. They were all treated with drop doses of a one per cent. solution of nitro-glycerine, taken three times a day in a teaspoonful of water. A 40-grain dose of bromide of potash, with 15 grains of chloral, was given in an ounce of water at bed-time. In all the cases the results were most satisfactory, the attacks being at once markedly reduced in frequency and severity. Dr. Campbell thinks that upon the whole, the treatment of epilepsy by nitro-glycerine gives better results than does any other.

Several cases of cardiac dropsy having presented themselves, Dr. Campbell stated that, as a rule, the accumulation of fluid began in the lower extremities. That when it first presented in the abdomen it was generally due to disease of the liver, and that when the dropsy was general it was due in most cases to disease of the kidneys. One case of cardiac dropsy was treated with large doses of liquor ammonia acetatis and infusion of digitalis, and the dropsy entirely disappeared. Dr. Campbell considers quinine almost a specific for whooping cough. He gives it in solution and insists on the absence of syrup in the mixture, and that anything of a syrupy or sweet character must not be given for at least half an hour after the taking of the quinine. To a child a year old he gives a grain every two or three hours. The cough is reflex, and is due to the micrococci adhering to the back of the throat. The quinine stimulates the glands there to pour out a large amount of secretion, and the spores are thus removed. The majority of cases can be perfectly cured in a month.

A severe case of asthma in a rheumatic patient was speedily relieved by 10 grains of iodide of potash every four hours.

The changeful weather of the spring brought to the clinic several cases of severe bronchitis in very young children. They were treated with vin. antimonialis in small doses, combined with liquor ammonia acetatis and the application of compresses to the front and back of the chest. Dr. Campbell remarked that mothers as a rule objected to the application of mustard to young children, but when they saw the great benefit which followed its employment their objections vanished. To a child under two years his rule was to make the sinapism of two parts of flour and one of mustard, and allow the first one to remain on four minutes, subsequent ones about two minutes. They should be applied night and morning for at least three days. After two

years of age he used equal parts of mustard and flour, and increased the length of its application a minute.

A case of taenia solium or tape worms in a woman aged 48 years and of a full habit of body was successfully treated by an emulsion of the Canadian pumpkin seed. Three ounces of the seed was bruised and mixed with 10 ounces of water, and allowed to stand a few hours. It was then passed through coarse muslin and the whole taken in three doses an hour apart, the patient having had previously a dose of sulphate of magnesia and lived for twenty-four hours on milk. The patient had several times previously been treated by male fern, but the head did not come away. The whole worm came away after taking the pumpkin seed. The improvement of the patient was marked.

Several children presented, who were irritable and feverish from teething. Dr. Campbell said that the relief in such cases was often most marked after scarification of the gum, but before using the gum lancet one should be well satisfied that the advancing tooth will fully present by the cut gum receding. If this does not occur the gum heals over and the cicatrix makes it more difficult for the tooth to force itself through. A solution of twenty grains of bromide of potash to the ounce of water, applied over the swollen gum, often gives great relief. Teething children should be closely watched, for brain symptoms often develop in them, especially when there is a tubercular history.

Dr. Campbell has repeatedly drawn the attention of the class to what he terms "the physiognomy of disease. Its recognition can only be acquired by practice. Phthisical patients, he says, have large eyes, often sunk deeply in the orbits, prominent malar processes, and ears standing well out from the head, face elongated and nose somewhat pinched. The asthmatic face is swollen and rounded without being oedematous, the eyes prominent and inclined to be brilliant. In Bright's disease the face is puffy, and the capillaries distended.

Quite a number of cases of myalgia or myodinia have presented of late. The chief and in fact the only symptoms was pain on movement. It is often miscalled muscular rheumatism, for it has not any essential relation to the rheumatic diathesis. It is in truth a disease of nutrition, pain produced in a muscle compelled to work when it should be at rest. The most common cases are overwork, and as a familiar illustration of such cases Dr. Campbell mentioned the pain in the adductors of the thighs after a hard ride when out of practice. The indications for treatment are: (1) relief of pain; (2) physiological rest for the affected muscle; (3) restoration of the balance between the nutrition of the muscle and the work it has to do; (4) constitutional remedies, such as quinine, iron, lime and cod liver oil.

For *tinia versicolor*, of which some half dozen cases have been seen since Christmas, principally on the chest, a lotion of an ounce of hyposulphite of soda to the pint of water was prescribed, to be applied night and morning. The discoloration was generally removed within a week. In one case it returned several times when the lotion was discontinued, but was eventually conquered by a persistent application of the same lotion.

Several children who came with mumps were ordered to be kept indoors and have the swollen gland rubbed twice daily with camphorated oil and laudanum, and then swathed with red flannel. Hospital patients think that there is more virtue in red flannel than in any other, and Dr. Campbell was quite willing to cater to this belief.

Dr. Campbell has frequently drawn attention to the distress which accompanies a cough without expectoration, in other words a dry cough. In such cases he invariably prescribes, as a constituent of the cough mixture, an $\frac{1}{2}$ of a grain dose of tartarised antimony. This drug would, he says, seem to have a specific action on the mucus membrane, lining the large bronchial tubes. As a rule, within a day or two a copious expectoration follows its administration. The relief to the patient is very marked.

In cases of vomiting, especially if it has resisted other remedies, he recommends tinct. of iodine and carbolic acid, equal parts, of which one drop in a teaspoonful of water should be taken every two or three hours.

PRACTICAL POINTS ABOUT SURGICAL DRESSINGS.

In a report of four months' service at the Albany Hospital (*Albany Medical Annals*) Dr. A. Vander Veer says that in all 133 operations were done. In 168 cases of surgical lesions treated, there were seven deaths: 2 due to peritonitis, 2 to uræmia, 2 to the exhaustion of the disease, and 2 to shock. The death rate was four and one-sixth per cent.

With regard to the dressings used in these cases, he says that the methods have been very simple, and the antiseptic agents used neither new nor novel. To begin with, all the gauze used was of home manufacture; that is, plain gauze medicated chiefly with bichloride of mercury. Plain absorbent gauze can be bought, he says, in two-hundred yard lots at four and a half cents per yard. This can be conveniently cut and folded in five-yard pieces and treated as follows: It is immersed in a solution consisting of one part of bichloride of mercury, fifteen of tartaric acid, 150 of glycerin, and sufficient water for 1,000 parts; enough eosin is added to give a fair tint. After remaining in this solution for twelve hours the gauze is wrung dry and packed in stone-ware jars ready for use.

The addition of tartaric acid and glycerin he regards as very advantageous, increasing both the antiseptic and absorbent power of the gauze.

The bichloride gauze was used for making "Gamgee" pads for bandages, and for iodoform gauze, by rubbing iodoform in its mesh. Iodoform and boric acid were used in dressing ulcers, both in powder and in ointment. Boric acid solutions were used in washing the bladder and urethra before and after operations. A one-half per cent. solution of hydrogen peroxide, he says was very satisfactorily used about the mouth and nose. It acts also as powerful deodorant. For flushing wounds, 1-2000 or 1-3000 bichloride of mercury solutions were used. In Dr. Vander Veer's abdominal work hot water took the place of all antiseptics, except in the dressing. The spray was used in the room for three days before opening the abdomen. No poisonous effects were observed during the four months from the use of antiseptics, except in one case in which a slight iodoform erythema appeared upon the abdomen after an abdominal section.

HINTS ON THE TREATMENT OF DYSMENORRŒA.

BY JOHN M. KEATING, M. D.,
PHILADELPHIA.

I desire to call attention to two or three matters that I think of interest in connection with the treatment of some of the diseases of women.

There is a certain class of cases—that of dysmenorrhœa—which is accompanied by dragging pains in the back and limbs, that are undoubtedly relieved by vaginal distension, false dilatation of the uterine canal, and the use of a cotton pledget, possibly saturated with glycerine, which depletes the mucous membrane, diminishes the catarrh, and at the same time gives the uterus a certain support and relieves in that way the pelvic circulation. I think these cases are very often greatly improved, if we can use for a certain time a stem-pessary, which will tend to keep the canal straight and pervious, and at the same time support the uterus.

A great deal has been said against the use of stem-pessaries, and my own conviction is that, when abused, they are certainly productive of a great deal of harm; but, when used with care, they certainly can accomplish much good.

Some years ago I had made for me, by Mr. Snowden, a flexible metallic stem, which I used also for the purpose of straightening the uterine canal, by placing a plunger within the stem after it had been introduced, thus making a repositor out of it. I succeeded in using this in a number of cases with a good result; but the difficulty was that it had to be used with a

great deal of caution, and it was a difficult instrument to duplicate, from the fact that the spring of the plunger had to have a certain degree of elasticity which was hard to obtain; but I found that by placing this pessary in position the natural tendency which it had to straighten itself was of great value.

I would like to call attention to a modification of this instrument—made by Snowden—of a simple metallic (German silver) stem, made on the same plan as Gross's prostatic catheter. I believe that this instrument can be worn without inconvenience and will serve a most excellent purpose in proper cases.

I desire also to call attention to another point. The usual material used for vaginal packing in these cases has been cotton-batting, or antiseptic absorbent cotton, or some antiseptic wool. I have recently been using with considerable success the small cup sponges that come into the market. These are extremely soft, well-shaped, can be made thoroughly aseptic by soaking in a solution of bi-chloride, then being thoroughly dried and a small silk ligature passed through the fundus, the cup portion filled with whatever medicament is desirable and inserted as required. The great advantage that these sponges have over the cotton—and, in fact, over the wool even, but especially over the cotton—is their natural resiliency and the more thorough support they give, acting like an air-cushion pessary. I find that they can be retained, when thoroughly aseptic, for at least two or three days, especially if a little iodoform or Listerine is used with the medication. When withdrawn they may be placed at once into boiling water and thoroughly scalded, and when so treated they may be used over again a number of times.

The cases in which this form of treatment is most available are usually those that are most annoying to the practitioner, as they occur most frequently in individuals who are unable to go to a hospital for treatment or possibly have no means that will permit them to lie by for a day or two, and have their treatment thoroughly made at their own home. These are mostly office cases, and my own experience is that a material such as is at present used is extremely difficult to introduce in a form of a tampon in sufficient quantity to be serviceable, whereas the softness of the sponge permits it to be rolled into a very small mass and inserted through a speculum with great ease.

In the cases where there is abundant leucorrhœa, I find a solution of permanganate of potash more useful than any other that I know of, both for washing purposes and as a local application.—*Med. and Surg. Reporter*

The odor of cancer can be removed from the hands by applying oil of turpentine after a thorough cleansing with water and bichloride.

A NEW OBJECTION TO THE USE OF CHLOROFORM FOR ANÆSTHESIA.

Americans have steadily kept their allegiance to ether as an anæsthetic in surgical procedures, for various and good reasons. Now comes from Germany a discovery that must needs confirm their belief in the advantages of this agent. Dr. Zweifel, in a late issue of the *Berliner Klinische Wochenschrift*, calls attention to the danger which exists in the administration of chloroform by gas or lamp-light. It appears that the vapor is decomposed, giving rise to an irrespirable and irritating gas which promotes respiratory lesions which dangerously complicate the operation. Of nine laparotomies performed under the conditions already mentioned, only two remained free from bronchial and pulmonary troubles, such as bronchitis, tracheitis, and catarrhal pneumonia. In one case the fatal termination could be directly ascribed to a pneumonia produced in this manner. As soon as the use of chloroform was abandoned, and ether substituted for it, these complications ceased to occur, but were renewed in one case in which chloroform was administered by mistake. Hence the author pleads for ether anæsthesia in such case as must undergo operation by gas or lamp-light. He is in the habit of inducing anæsthesia in the sick room with a mixture of chloroform, ether, and alcohol, and continues the anæsthesia during the operation with ether alone, thus avoiding completely the dangers of chloroform vapor.—*Internat. Jour. of Surg.*

THE DIAGNOSIS OF CANCER.

Although the introduction of antiseptics and the progress made in our operative technique have greatly improved the prognosis of cancerous diseases, it must be confessed that our diagnostic means are still far from satisfactory. This is to be the more regretted, since an early diagnosis greatly enhances our chances of effecting a permanent cure in these cases. At the late Congress of the German Surgical Society, Professor Esmarch spoke of the uselessness of statistical studies in affording us information as to the etiology and diagnosis of cancerous diseases. He called attention to the fact that syphilitic tumors, especially of the tongue and throat, are not infrequently confounded with malignant growths, and proposed that the old term, "gunma," be abandoned, since these syphilomata—as he terms them—more often resemble in structure the fibromata and sarcomata. In fact, a large number of the sarcoma group, especially those of the muscular tissue, are to be regarded as syphilomata, and may be cured by internal treatment alone, whilst some forms of malignant keloid and some of the malignant lymphomata, may also be placed in this class. During the past year, Prof. Esmarch

classified all the cases of sarcoma of the muscles occurring at his clinic, and found that at least one-half of them were true syphilomata which promptly responded to specific treatment.

Tuberculous tumors—tuberculomata, the author calls them—not infrequently have given rise to errors of diagnosis, and it should be remembered that masses of pure tubercle may exist for long periods in the tongue, breast, and larynx without going on to ulceration. Of course, in the case of actinomycosis mistakes are not uncommon, since the disease has been known only for the last ten years.

To avoid these errors of diagnosis, it is plainly our duty to make a thorough microscopical examination of the growth before a radical operation is undertaken. For this purpose it may be sufficient to remove repeatedly superficial portions of the tumor, but if the results prove negative, it may be necessary to perform exploratory operation of magnitude, even laparotomy, laryngotomy, trephining.

In doubtful cases where the microscopical examination shows only granulation tissue and spindle cells, Prof. Esmarch recommends an energetic and long continued anti-syphilitic treatment.

These views of the distinguished author merit serious attention. There can be no doubt that in the case of tumors a positive diagnosis is frequently not made until after their removal, and cases are probably not rare in which a microscopical examination of deeper sections of the growth than have heretofore seemed necessary might have prevented dangerous and disfiguring operations.—*Intern. Jour. of Surg.*

IODIDE OF POTASSIUM.

At a meeting of the French Academy of Medicine, Dr. Germain Sée read a very interesting paper on "How Iodide of Potassium acted on the Heart." He commenced by saying that although ten years had elapsed since he introduced into medical practice the treatment of asthmatic and cardiac affections by iodide of potassium, yet nobody has ever inquired how it acted in such cases. All the actions of the two salts were not the same; that of potassium excited the heart and the vaso-constrictor nerves, and consequently raised the pressure of the blood, while the iodide of sodium did not do this. Injections of both salts into dogs were made, and the blood pressure in the femoral and carotid arteries recorded. The injection was made into the saphena vein. With the iodide of potassium the blood pressure arose immediately several centimetres and remained stationary for a considerable time. At the end of an hour a gradual descent took place. The vaso-constriction is to be attributed to the potassium, and the vaso-dilatation to the iodine. Iodine usually provokes a congestive condition of the bronchial mucous membrane, this being

due to the vaso-dilatation of the vessels. The first and principal of these therapeutic congestions is that which occurs in the respiratory organs, producing a veritable hypersecretion. Thus it results that the viscous and adherent exudation of mucus which characterizes the troublesome expectoration of asthmatics is softened and replaced by a liquid secretion, and consequently the air penetrates more freely and the dyspnoea ceases as soon as the iodine commences to act. The cardiac organ is materially strengthened, the circulation of the coronary arteries receives a considerable impulse as well as in the whole arterial system, as a result of its action on the nervo-muscular system and the myocardia in particular. The phenomena due to the iodine soon appear, in which are manifested the general vaso-dilatation, and, as a consequence, the heart, in order to propel the blood through its own arteries and into its own tissues, is no longer obliged to furnish the same amount of work as in the former state, as the tonicity of the arteries, the natural obstacle, is modified. Hence the organ, far from being depressed and weakened, beats with renewed energy and strength, and the sphygmograph indicates a full and strong pulse. For a long time Dr. Germain Sée has recognized the utility of iodine in several heart affections, and only in cases where it determined hemorrhage or gastric troubles did he refrain from prescribing it. When the dyspnoea is pulmonary from venous congestion, or oedema, iodide of potassium is given with best advantage. The cardiac affections which are mostly benefited by this treatment are adiposis, fatty degeneration, weakened heart, cardialgia, nervous organic irregularity of the heart. As to the aneurism of the aorta, iodide of potassium is the only remedy that gives real satisfaction. In conclusion the author said iodide of potassium was the true cardiac agent. Far from being a depressor, it was particularly useful in mitral lesions with debility. It raises the energy of the heart and the vascular pressure. Then, in dilating the arteries, the flow of blood is facilitated and the organ recovers its contractile powers.—*Medical Press and Circular*, October 23, 1889.

EXTENSIVE BURN OF THE LEG TREATED BY GRAFTING WITH THE SKIN OF A DOG.

Mr. Alexander Miles, at a meeting of the Edinburgh Medico-Chirurgical Society, on December 4, 1889, showed a case which may prove of interest from two points of view: on the one hand, because of the extreme frequency with which such cases are met in practice; and, on the other hand, in view of the somewhat unusual means adopted for the relief of the patient. The patient suffered from an extensive ulcer on his left leg, extending from the middle

of the patella to the ankle, the result of a burn. One month after the receipt of the injury he applied for treatment. By means of boracic-lint poultices, for a fortnight, the whole surface was covered with healthy granulations, but there was no attempt at cicatrization. A young greyhound, 7 days old, black and white in color, was obtained and killed with chloroform. The whole of the anterior surface of the abdominal walls and flanks was shaved, and the whole flap of skin thus mapped out was dissected up, leaving the subcutaneous fat. Meanwhile the leg had been thoroughly cleansed, and all bleeding from the granulations stopped. The skin taken from the puppy was cut into strips about 6 inches (15.0 centimetres) long by $\frac{1}{2}$ inch (1.25 centimetres) broad, and firmly pressed into the ulcer in the long axis of the limb. Smaller grafts, about 1 inch (2.5 centimetres) square, were used to fill in the spaces left between the larger ones. A considerable area over the inner side of the knee still remained bare, and to cover it the skin from the pup's tail was dissected up—unshaved. The dressing consisted of small pieces of protective applied next the grafts, with the edges overlapping to facilitate removal as well as the escape of discharge, and outside this a few layers of unprepared gauze, moistened with weak boracic solution, the whole dressing being kept moist by a layer of gutta-percha tissue. Over all a good layer of sublimate wool and a firm bandage were applied. On the third day after operation the ulcer was dressed; cicatrization had begun round the margin of the ulcer, and also round the island of skin in the centre. Two days later the grafts had become firmly adherent. Healing went on rapidly; in six weeks the ulcer was entirely healed. Seven months later the leg was as useful as ever. No contraction or cicatrix, except where the tail skin was planted, and there it was very slight. The color of the skin was normal; no evidence of hair or of cutaneous secretions. Sensation and temperature normal. —*Lancet*, March 15, 1890, p. 594.

SYCOSIS.

For the treatment of sycosis, or barber's itch, Dr. Rosenthal recommends that the seat of the affection be closely shaved every day, and that the following ointment be rubbed in twice a day:

R. Acidi tannici,	gr. xlv
Sulphuric precipit.,	3 jss
Zinci oxidi,	āā 3 iv
Vasellini,	3 j
M. Sig.—Use twice daily.	

In a month, he says, nothing remains of the eruption but a very slow disappearing erythema. —*Med. and Surg. Reporter*.

VON BERGMAN'S TREATMENT OF WOUNDS.

Bramann has recently given the method and results of the treatment of wounds in the surgical clinic of von Bergman. Although these methods are of very different form from those in vogue in this and other countries, and the results can scarcely be better than those attained elsewhere, but more especially in America, yet those of the German surgeon would seem in many cases to subject the patient to much more discomfort, manipulation, and pain at the very least. Gauze is almost universally employed. It is sterilized by running steam at 212° F., and after being dried is impregnated usually with corrosive sublimate of iodoform. The simple sterilized gauze is used in all small, simple, and non-exudative wounds. For wounds from which is expected more profuse secretion the corrosive gauze is employed. All cotton, sponges, instruments, and other appliances coming in contact with the wound are likewise simply sterilized by running steam. Steam sterilized sutures of silk are used on the surface, but cat-gut is used out of alcoholic solution of bichloride and water for deep, relaxation sutures and ligatures. The patient is prepared for operation by means of full baths, local shaving and cleansing with soap, water, ether, and a final douche with 1-1000 to 1-2000 corrosive sublimate solution. Instruments are used out of three per cent. carbolic acid solution. The wound is from time to time during the operation douched with 1-2000 corrosive sublimate solution, but in all abdominal, bladder, mouth, rectal operations salicylic acid 1-1000 or boracic acid 1-200 is employed. The wound is usually at the end of operation given a coating of iodoform crystals by means of squirting a jet of saturated solution of that drug in ether over the exposed surfaces. The greatest care is taken to thoroughly arrest even the most minute bleeding points, as, next to antiseptis, this is regarded as the most important agent in attaining primary union.

After hemorrhage has finally been absolutely arrested the wound is carefully sutured with or without drainage, as the case may be; provided that it is known to be thoroughly aseptic. In those cases in which it is impossible to absolutely arrest hemorrhage, or which are known or suspected not to be thoroughly aseptic, the wound is loosely packed with strips of iodoform gauze, several-feet in length and as many inches broad, whose ends hang out of the angles of the wound. At the end of that time the patient is again etherized and the necessary sutures introduced. Up to this time the tamponed wound is kept well covered in with large amounts of corrosive gauze and cotton and retained by a gauze bandage, which may be changed at any time during the next two days that it may

become saturated with exudation; but the iodoform strips are invariably allowed to remain throughout the whole two days. It is then removed by gentle traction on the out-hanging ends, when the wound is usually found clean, unirritated, and absolutely dry. Invariably careful suturing has resulted in primary union. Drainage is occasionally necessary; but even with this, or in cases where on account of hemorrhage from large vessels the tampons are allowed to remain for six days, primary union after suturing is the almost invariable rule.—*Univ'ty Mag.*

CHLORALAMIDE AS A HYPNOTIC.

Dr. Langaard of Berlin reviews in the *Therapeutische Monatsschrift* the present state of our knowledge of the action of chloralamide—one of the latest of the various hypnotics that have from time to time been recommended to the notice of the profession. According to most observers, the new drug is a less powerful hypnotic, weight for weight, than hydrate of chloral. Kny considers that 3 grms. of the amide is only equivalent to 2 grms. of the hydrate. The ordinary dose for healthy adults may be put down as from 30 to 45 grains. Women and delicate patients should be given decidedly smaller doses than strong men. According to Lettow's observations in Professor Mosler's clinic, the best way to give it is as an enema. Sleep comes on in from half an hour to three hours after the drug has been taken. Lettow found the time required to induce sleep was in twenty-nine cases one hour; in twenty-three cases, two hours; and in three cases, three hours; the duration of the sleep being four to six hours in seventeen cases, two to four hours in two cases, and two hours only in two cases. Chloralamide shows itself to the best advantage where the sleeplessness is of a purely nervous origin, but it is by no means useless in numberless cases where there is some definite affection—that is to say, if it be not accompanied by pain of too severe a character. It will, however, act when the insomnia is due to the lightning pains of locomotor ataxy, also when there is a moderate amount of cough, and in a number of mental affections which are not accompanied by any very considerable degree of excitement. It has proved very serviceable in delirium tremens; and in one case of cardiac asthma—myocarditis due to arterio-sclerosis—Hagan and Hüller believed that it produced a real amelioration of the disease. There is very little to be said as to any undesirable by-effects; as a rule these are very slight, and are confined to a feeling of drowsiness and fatigue, with headache and giddiness of slight amount and short duration; but, notwithstanding the belief entertained by most writers on the subject that chloralamide is devoid of all action on the respiration and

circulation, Dr. Langaard was able to demonstrate, by a number of careful experiments on animals, that it makes the respirations shallow and diminishes the arterial tension, though more slowly than chloral hydrate. He therefore cautions medical men to be very careful in prescribing it in cardiac affections. It is best ordered an hour or more before going to bed, and may be taken as a powder, washed down with milk, water, or coffee, or in solution with syrup, or it may be dissolved with wine or beer.—*Lancet*, Dec. 7th, 1889.

TREATMENT OF ACNE OF THE FACE.

The most rational treatment of facial acne should be based upon the following two principles; first, to allay the congestion of the skin as far as possible; second, to remove all causes which could give rise to the hyperæmia of the face. To obtain these results, both internal and external remedies may be used. The direct care of the skin demands the principal attention. Every morning and evening the face should be washed with a fine sponge. The temperature of the water should be as high as the patient can possibly bear it. After washing, the skin should not be dried. Such a washing renders the skin extremely hyperæmic. As soon as the water begins to evaporate from the face, the superficial blood-vessels become contracted, and gradually regain their lost tone. In many cases, this simple treatment will be all that is needed, and a speedy recovery will follow. In severer cases, however, the following solution may be employed:

R Hydrarg. bichlor. corros.,
Ammon. muriat., āā gr. xv
Emuls. amygdal. amar, f3vij
M. et fiat lotio,
Sig. Apply morning and evening.

The following formula will be found to be of equal if not of greater efficacy:

R Aquæ destil., f3jx.
Sulphur. sublim., f3j.
Aetheris sulfuric, f3iij-f3jv.
M. et fiat lotio. Sig. Apply morning and evening.

The practitioner may, however, come across cases of such a stubborn nature that even these lotions will fail to effect a permanent cure. In such cases, the only remaining course of treatment is scarification. This procedure never fails to quickly relieve the congestion of the skin, and also causes the acne pustules to rapidly disappear.

Regarding the best advisable diet to be pursued during the treatment of acne, little need be said, other than the highly spiced and heating foods should be avoided. *Hily. Med. Central-Zeitung*, Oct. 9, 1889.—*Med. and Surg. Report.*

CREOSOTE IN PHTHISIS AND PULMONARY TUBERCULOSIS.

Prof. Sommerbrodt is an enthusiastic believer in the special virtues of creosote in phthisis and pulmonary tuberculosis. After an extensive use of the drug he gives us statistics of 5,000 cases he has treated in hospital. He claims for it the power of improving the appetite, limiting the secretions, and diminishing the irritable cough. Its primary virtue, however, is its anti-bacterial property, which checks the progress of the baneful disorder. He supports his belief by pointing to Guttman's bacterian experiments with the tubercular bacilli, which he cultivated in glycerine and destroyed with a 1: 4,000 solution of creosote. From this experiment Guttman himself reasoned that, if he could get this quantity into circulation without injury to the organism, he might be able to arrest the progress of the bacilli; but when he considered that a man of 60 kilos (9 stone) contained 4,615 grammes of blood (9 lbs.) that would mean upwards of one gramme of creosote to be present in the circulation before any good effect could be expected.

From this data Professor Sommerbrodt postulates his treatment, and has capsules made, each containing 0.05 grm. (0.77 grain). Three of these capsules are given on the first day, four the second day, five the third day, and so on till twenty-one or twenty-nine, which he gave in three cases, are given, which would represent 1.35 gram. of the drug taken daily. This exactly completes Guttman's hypothesis of creosote, and Sommerbrodt believes that the facts of his results are perfectly consonant with Guttman's presumption. He points to a case sent him last year by a military surgeon. The patient was an officer in the army with marked tuberculosis, dulness over the fossa supra spinata dextra, rhonchi, emaciation, increasing cough, with spit, in which the bacilli and elastic tissues were to be found in great quantities. A year before this he had pleuritis sicca dextra.

On September 1 the creosote treatment commenced, and by September 18 he was using twenty capsules a day. On September 29 the morning sputa had very few bacilli with a few fibres of elastic tissue. On November 1 he returned to duty, general health improved, dulness disappeared, and morning cough left him in a short time. During the whole winter he attended to his duty in the midst of snow and rain, during which period he gained twenty pounds in weight. By the month of April this year every sign of tuberculosis had disappeared, and perfect health seems now to be established.

From September 1 to June 1 he had used 5,400 capsules, representing 270 grammes of creosote (nearly 7 ounces), and 1,080 grms. of balsam of Tolu (33 ounces) with which it was combined. He assures us that he has treated many other cases in the same way. Although actual experi-

ments with animals do not confirm this opinion, Sommerbrodt is convinced that creosote does more than improve the digestion, according to Klemperer, or reduce the secretions, as Cornet believes. Sommerbrodt proposes that Koch should examine the blood serum of a patient after a month's use of gramme doses, and he thinks he will find that all bacilli have disappeared. He advises the creosote to be administered immediately after food, which may be taken either in the form of capsule, tincture, or wine. —*Med. Press and Circular.*

THE NEW HYPNOTIC, SULPHONAL.

In the discussion on Recently Introduced Hypnotics and analgesics, reported in the *Journal* of November 2nd, great stress is laid on the fact that sulphonal, although in other respects one of the most useful of sleep producers, has the disadvantage of being only slightly soluble, and therefore slow in its actions and not easily administered. I have found that the ordinary dose (from 20 to 40 grains) can be readily dissolved in a cupful of hot tea or coffee, preferably the latter, and that no precipitation occurs till the temperature is below the body heat. Probably, therefore, if given in this menstrum the sulphonal will be absorbed in the liquid state, and thus act more quickly; more especially as it has been shown by Professor Kast that the presence of peptones hinders precipitation. Even if precipitation does occur the powder is then in a much finer state of division than can be obtained by mechanical means, and the rapidity of absorption should be proportionately greater. This method will also be found useful in nervous cases where, as often happens, the patient refuses or objects to take medicine. In these cases sulphonal is often of the greatest service, and its tastelessness gives a great advantage over paraldehyde and most of the other soporifics. In a severe case of melancholia I used it more or less constantly for a period of five months, at one time giving it every night for four weeks in doses of 30 or 40 grains without any ill effects. Most of the other remedies had been previously tried, large doses of chloral, bromide of potash, cannabis indica, urethane, paraldehyde (in 2-drachm doses), &c., having no appreciable effect, while a third of a grain of morphine, given subcutaneously on one or two occasions, only increased the excitement. In this case it was found that the sulphonal, given as a powder, acted more quickly when finely ground than when given in a coarser state, usually taking from an hour to an hour and a half to produce its effect. The torpor and lassitude referred to as usually following the night's sleep I found could be got rid of by careful gradation of the dose. So far from any bad effects occurring, the patient's appetite invariably improved when the drug was started

afresh, this being probably the result of the marked diminution of mental pain while awake, and of the sound sleep produced at night. There was practically no habituation, the dose merely having to be increased or diminished as the disease progressed, and no cumulative effect was produced, even by repeated doses of 40 grains. This case may also be of value as showing the safety with which sulphonal may be given in suitable cases for prolonged periods.—Dr. C. J. Morton (Edinburg) in the *British Medical Journal*, Dec. 14th, 1889.

THE ANTISEPTIC ACTION OF AMMONIA.

One of the facts now becoming abundantly sustained with regard to the effect of organisms on the organic bodies on which they live (albuminoids, etc.) is that the products of bacterial activity tend to limit and finally to destroy the vitality of the growing organisms. Not only is this so with bacteria, but it is well known, and can be readily demonstrated by experiment, that the products formed by digestive ferments from albuminoids or carbohydrates tend to "choke" ferment activity, which indeed revives when the products are removed, as, for example, by dialysis. Ammonia is one of the commonest products of putrefaction. It is formed not only by the action of putrefactive bacteria on albuminoids, but is a result of the decomposition of urea, which occurs from the action of the bacillus urea. Gottbrecht has lately tested the anti-fermentative action of ammonia. In his experiments he did not use the gas itself, but carbonate of ammonium, which, although less volatile than the gas, readily develops ammonia. It was found that a two per cent. solution of this salt delayed the decomposition of portions of fresh organs for nine days, a five per cent. solution for nineteen days, while a ten per cent. solution delayed it for thirty days. In mixtures in which decomposition had already occurred ammonium carbonate added to the amount of five per cent. after a time killed the organisms; while a two and one-half per cent. admixture of the salt diminished their activity. On the other hand, it was found that smaller proportions of ammonium carbonate, one-fourth to one per cent. not only did not diminish, but actually increased the activity of the organisms, so that putrefaction became more rapid. This is only another example of a very large class of substances, which in small doses increase activity, in large doses diminish it; many of the drugs which act on the heart have this action. It might be considered that the action of carbonate of ammonium on putrefactive changes was due to the state of alkalinity produced in the liquid; but that this is not so is shown by the fact that sodium carbonate added to the same degree of alkalinity does not possess any anti-putrefactive action.—*British Med. Journal*.

METHOD OF REDUCING DISLOCATION OF THE JAW.

Dr. Gerin, in a case of unilateral dislocation of the jaw, employed the following method. The patient, being seated, the physician stands behind him, and with the left hand placed on the patient's forehead, he fixes the head firmly against his chest. A compress folded to several thicknesses is placed over the lower teeth on the affected side. The surgeon then introduces his thumb between the dental arcades in such manner that the palmar surface of the thumb rests upon the molar teeth, while the other fingers grasp the horizontal portion of the lower jaw. Then bending a little forward over the patient he presses on the maxilla, combining with this downward pressure a slight backward movement. Almost immediately the bone is returned to its articular cavity.—*Bulletin Général de Thérapeutique*, March 30, 1889.

TREATMENT OF ASTHMA.

Within a recent period we have noticed in our exchanges many articles on the treatment of asthma. As to the remedies recommended for this disease, there is no end. With no intention of deprecating the value of several old and well-tried remedies, we shall only refer to agents which have recently forced themselves to the foreground. Of these, perhaps, citrate of caffeine stands first. The dose is 1 to 5 grains dissolved in warm water. It does not appear to be a very dangerous agent, since, in one instance, a patient took 60 grains by mistake, without fatal consequences. Caffeine is said to afford very prompt relief. Arsenic, in the form of 2 or 3 minims of Fowler's solution, is reported as making striking cures in appropriate cases. Arsenic has the peculiar property of supporting respiration, as, for example, in making ascents. Its beneficial effect in asthma is no doubt due to this property. Iodide of potassium is sometimes combined with Fowler's solution. A valuable combination in the bronchitic form is iodide of potassium and carbonate of ammonia. Chloral hydrate, either alone or in combination with bromide of potassium, is also followed by excellent results in certain cases. Cocaine in doses of $\frac{1}{4}$ of a grain of the muriate, given in the form of tablets, has been very highly recommended for the relief of the spasm. In the form of stagnant respiration, with congested lips and nose, and cold extremities, strychnia has been found highly useful. The liquor may be given in doses of from 3 to 5 drops, with dilute phosphoric acid. When deflection from the mucous surface is very profuse, belladonna probably answers best. Medium doses should be given every four hours. *Grindelia robusta* a short time ago was largely used, but failed to come up to expectations, and is now much less used. Quebracho is also a remedy in much repute.

We occasionally meet cases of continued distress, despite the use of ordinary means. In these cases there is usually much bronchial tumefaction and dryness. In cases of this class nothing can equal $\frac{1}{4}$ grain of pilocarpine with $\frac{1}{4}$ grain of morphine, administered hypodermically. The relief is prompt, the tumefaction subsides and is followed by profuse expectoration. As to change of climate, experience shows that the asthmatic should not seek a dry atmosphere. A warm, moist atmosphere is the most suitable. In mild cases a mere change from one locality to another may create immunity from this harassing trouble.

The remedies here mentioned, which are culled from a large number of remedies in use, seem to be the ones most relied on at the present time. It must not be understood that the remedies in this list are to be depended upon in symptomatic asthma, when the condition is merely a symptom of a disease usually of a much graver nature. The bronchial muscles are here in a normal condition, some probably serious organic trouble being the cause of the symptom, and requiring a separate treatment, as indicated by the pathological conditions.—*The Canada Lancet*.

VOMITING OF PREGNANCY TREATED WITH MENTHOL.

The most unpleasant symptom accompanying pregnancy is undoubtedly the vomiting which often occurs, and this is especially serious because our present knowledge of its therapy is most unsatisfactory, and, in many instances, the physician is at loss to know how to proceed. It is not unfrequent that all the therapeutic measures fail and relief is only obtainable by the induction of abortion.

Guided by the fact that the trouble must be regarded as a reflex neurosis, and that, theoretically, drugs which would depress the reflex excitability should also act beneficially in this complication, Dr. Sigmund Gottschalk, of Berlin, has used menthol in this disorder with marked success. He employed a solution containing fifteen grains of menthol in five and a half fluid drachms of alcohol and five fluid ounces of distilled water. Of this he gave a tablespoonful hourly. In a case so treated, and reported in the *Berliner Klin. Wochenschrift*, October 7, 1889, the vomiting ceased after the third dose, although previously other remedies had been used unsuccessfully. The patient was able to retain food and subsequently made a rapid recovery. The drug was continued for three days, the dose being gradually decreased.

The use of menthol is continually widening and there seems to be good reason on purely theoretical grounds for expecting that the results obtained by Dr. Sigmund were not in the nature of a coincidence, but that they indicate a rational addition to the therapeutics of the vomiting of pregnancy.—*Echunge*.

VARIOUS METHODS OF TREATING PSORIASIS.

The *Medical Chronicle*, October, 1889, in reviewing several of the more usual external and internal measures for the treatment of psoriasis, says:

Most authorities prefer arsenic to any other internal remedy. It may be given in the form of pills or as Fowler's solution, either in the ordinary way or hypodermically, when filtered or combined with an antiseptic. Tar water, carbolic acid, turpentine, copaiba, phosphorus, and even cantharides are spoken of as remedies. Bulkley (*New York Medical Journal*, July, 1889) says that alkalies are often beneficial. "The best form to give them in is acetate of potassium, lithium, or calcium." Iron and cod-liver oil he finds useful. Oils and fats if digested, pure woollen clothing next the skin, and a warm equable climate he considers important factors in treatment. Gutteling (*Weekbl. van het Nederl. Tijdsch voor Geneesk.*, No. 17, 1889, abstracted in *Wiener med. Blatter*) reports on the results of treating 22 cases of psoriasis vulgaris with large quantities of iodide of potassium. The remedy was given frequently and the doses gradually increased. Five cases were completely cured; in 5 the iodide had to be abandoned. There was a decided improvement in the 12 cases remaining. The largest quantity given in one day was 57 grammes (about 14 drachms), and the largest amount taken during the whole course of treatment by a single patient was 3684 grammes (about 7 pounds). Several patients gained weight whilst taking enormous doses of the iodide, whereas only a few of them had acne or iodic purpura. The drug is said to be especially beneficial in recent cases. Daily doses of from 10 to 20 grammes (about 2½ to 5 drachms) are recommended. If, owing to failure, large doses have to be resorted to, the improvement will be incomplete. In the five cases which were completely cured, the course varied from fourteen days to four and one-half months. Barduzzi (abst. *Brit. Journ. Dermat.*, from *Gazetta d. Ospitali*, 17, 1889) confirms the good results obtained by Dutchmen: "In three diffuse universal cases of very inveterate character, which had been treated with transient success by all the usual remedies, he obtained results from iodide of potassium which he never hoped for. In none of his cases was the amount of the drug larger than 7 grammes (105 grains) daily."

According to Bulkley, visits to mineral springs reputed to cure psoriasis lead only to disappointment. "He did not know of a single cure effected by sulphur waters, though the reputation of such waters was the highest of any." With regard to external applications, the treatment should vary with the cases. Bulkley has abandoned the use of chrysarobin, antharobin, and pyrogallol, because he has found that white

precipitate ointment answers better than these preparations. Besnier (abst. *Brit. Journ. Dermat.*) has recently recommended *B-naphthol*. He rubs in this ointment—*B-naphthol* 10, adipis 90—every evening. In the morning the ointment is washed off with warm water and soap, and the skin is powdered with starch. According to Kaposi, who introduced *B-naphthol* into practice some years ago, the fifteen per cent. ointment, which he prescribes, is a valuable application for the hands, face, and scalp, inasmuch as it does not discolor the skin or the hair. Bulkley believes that local applications used early prevent the development of the eruption. There is no doubt that treatment is most successful when the eruption is fading, and least so when the eruption is coming out, the spots rapidly extending and the exfoliation very great.

ANTISEPTIC TREATMENT OF OTORRHOEA.

In the *N. Y. Medical Record*, July 27, 1889, Dr. Robert L. Randolph of Baltimore says that he is every day, as surgeon in charge of a large ear clinic, together with frequent confirmations from his colleagues, being convinced of the positive good effected by the following prescription, in the treatment of otorrhoea :—

R Hydrarg. bichlor.,	gr. ss
Acid tartar.,	grs. xx
Aquæ,	q. s. ad f 3 v

The patient is first required to syringe the ear out with warm water, and then to pour the sublimate solution into the ear till the latter is quite full. The fluid is allowed to run out after remaining in the ear ten or fifteen minutes. A piece of cotton is then moistened with the solution, and with it the external opening of the ear is closed. This treatment is repeated two or three times a day. As far as possible, then, the tissues of the drum-cavity, its remote connections, and the whole external auditory canal are kept in a condition unfavorable for the growth of organisms. A marked diminution in the discharge is seen almost immediately, and not infrequently a patient will remark upon the absence of odor after the first day's applications. In granulations and in polypi, sublimate solutions have only the effect of removing the fetor; the discharge is not lessened to any extent. Such conditions demand special treatment. But in the ordinary otorrhoea resulting from otitis media, which affection forms so large a percentage of the dispensary patients, the acid sublimate solution has given him most satisfying results. About seventy-five cases have been collected by Dr. Randolph during the past year; but he has been able to follow up only forty to the point of complete recovery.

As regards relapses, since he began treating the majority of suppurating diseases of the ear

with an acid sublimate solution he thinks he can safely say that the good done here has been no less permanent than when the majority of cases were treated with boric acid or other agents. The greater part of the time a similar case was always kept on the boric-acid treatment, to judge of its relative merits, and in by far the majority of the cases the improvement was quicker when the sublimate solution was used. The fetor certainly disappeared more promptly when the latter agent was employed.—*Med. and Surg. Report.*

CREOLIN IRRIGATIONS IN DYSENTERY.

The encouraging results obtained by Kortum, Neudorfer, and Esmarch in the treatment of dysentery with irrigations of a creolin solution, have recently led Dr. Nicolai P. Ossowsky to test its efficacy in a large number of cases of the disease occurring in soldiers. His experiences with the drug, which are reported at length in the *Gazette Hebdomadaire*, October 4, 1889, were most satisfactory. In every instance the treatment was followed by a speedy and complete recovery. In many cases all symptoms of the disease disappeared in two or three days; in few only was it necessary to continue the treatment for a week.

The irrigations were made two or three times a day, according to the severity of the case, and a one-half per cent. solution of creolin employed. Ossowsky used a long rubber catheter in giving the irrigations so that high portions of the bowel could be reached.

Dr. Kolokoff, of St. Petersburg, has likewise used the drug in a large number of cases with equally happy results.—*Medical and Surgical Reporter.*

CANCER ORIS, AND ITS SUCCESSFUL TREATMENT BY THE LOCAL APPLICATION OF CORROSIVE SUBLIMATE.

Drs. Yates and Kingsford report in the *Lancet* of May 4, three cases of this fatal disease, which were successfully treated by corrosive sublimate in the following manner: the sloughs were immediately cut away, as far as possible, with scissors, and the surface freely swabbed with a 1 in 500 solution of perchloride of mercury, and dressed with lint kept constantly wet with a similar solution (1 in 1,000). This dressing was continued every twelve hours until the surfaces were perfectly clean and healthy, when the mercurial lotion was discontinued. The first of the author's cases was treated by the application of fuming nitric acid, without any marked result, and it was then decided to try the efficacy of the solution of the perchloride of mercury, on the assumption that the disease was probably due to some micro-organism.

THE TREATMENT OF CARBUNCLES.

E. P. Hurd, M. D., says: The method of crucial incisions has long been a favorite method of treating carbuncles, and certainly, when thoroughly done, greatly abbreviates the duration of the malady. Some time ago I remember to have read in some medical journal, a recommendation not to poultice a carbuncle when opened, but to apply a large sponge wet in some disinfectant solution, carbolic acid or corrosive sublimate. This is a very sensible procedure, as I can testify from experience. The sponge should be large enough to completely cover the carbuncle and may be cut into shape so as to fit over it like a cap. Before being applied, it is dipped into a sublimate solution, 1 part to 2000, or a two per cent. carbolic solution; a little iodoform may then be dusted into the cavity of the carbuncle, down to the bottom of the incision, and the sponge is then adjusted and confined by a few turns of a roller bandage. There is no need of poulticing, for pain and tension are removed by the incisions; the microbes are more effectually stopped in their destructive depredations by the antiseptic liquid which is thus enabled to penetrate every part, than they can be by any other method; the dead shreds of tissue will rapidly separate under the disinfectant dressing, and all the discharges will soak into the sponge and be kept from putrefaction. Night and morning the dressings are renewed; the sponge, full of purulent matter and debris, is thrown into a bucket of boiling water, and afterwards cleansed and again soaked in the sublimate solution for a fresh application. Simultaneous with the separation of sloughs, granulations make their appearance, and *restitutio ad integrum* rapidly takes place.—*Medical Age*, May 25, 1889.

THE TREATMENT OF ERYSIPELAS.

The treatment of erysipelas by the external application of germicides is certainly growing in favor. Carbolic acid, though used to some extent, has the disadvantage of being in itself an irritant if in sufficient strength to modify the disease. Creolin, which is undoubtedly a powerful germicide, is used by Dr. Koch, of Vienna, for this purpose. His formula is: one part of creolin, four of iodoform, and ten of lanolin. This is spread not only upon the erysipelatous area, but for an inch or more beyond its boundaries. To prevent rubbing off and to assist in absorption the whole is covered with thin gutta-percha paper. Dr. Koch believes that the iodine, which is set free in the combination, is, as well the creolin, an important agent. However this may be, the results are apparently good, and the method is worthy of careful trial.—*Therapeutische Monatshefte*, September, 1889.—*Med. News*.

ANTIPYRIN HABIT.

To the already long list of drugs, the use of which, under proper restrictions, is both beneficial and proper in combating the various ills to which flesh is heir, but whose abuse becomes a curse to humanity, another has recently been added. Scarcely have we learned to properly use antipyrin than the tocsin of alarm must be sounded against its abuse. The recent discovery of its value as a nerve tonic places it on the list with morphine, chloral, cocaine, etc., so seductive is its gentle, soothing influence upon the overstrained nerves. Its victims are already found, especially among society women, whose nerves, strung up to a high pitch by the overwhelming demands of a winter season of gaiety, seize eagerly upon anything that will afford relief from the headaches and other disorders arising from prolonged fatigue and overtired nerves. So pleasing is the effect that it is soon used for every trifling ill feeling, until the patient finds herself unable to live without it, and the fascinating "antipyrin-habit" is formed. Properly used as a nerve-tonic, its effects are admirable, but abused, the victim becomes even more hopelessly entangled than the morphine or cocaine victim. The effects vary with the dose. In large doses it produces complete relaxation with loss of reflex action. In moderate doses, continued, it induces convulsions. As a stimulant its effect is much like that of quinine.—*International Dental Journal*.

SACCHARIN.

Saccharin is said to be a powerful antiseptic. A solution of saccharin of a strength of 1 to 500 is an active germicide. A most efficient, and at once inexpensive antiseptic mouth wash can be made by preparing a six per cent. solution of saccharin in water. A teaspoonful of the drug to a pint of water would about make this proportion.—*Medical and Surgical Reporter*.

TREATMENT OF MALIGNANT DISEASE OF THE UTERUS.

Dr. G. E. Shoemaker (*Polyclinic*, May, 1889) states that from an operative point of view there are three periods in any form of malignant disease of the uterus.

1. Early, when operation should be immediate and as radical as possible, without extirpation of the uterus.

2. Intermediate, when, eradication being impossible, nothing should be done unless demanded by severe hemorrhage or extreme pain. The length of this period is indefinite, and depends on the rapidity of growth.

3. Late, when scraping and burning may be done repeatedly, to palliate symptoms and retard growth.

COCAINE IN VOMITING.

Dr. M. W. Everson, in the *College and Clinical Record*, September, 1889, speaks of the value of cocaine in the vomiting of pregnancy and the obstinate vomiting of gastric ulcer and cancer. He has also found it of use in the vomiting of entero-colitis of children, a disease which is so frequent in our large cities during the heated term, and in which vomiting is often so prominent a symptom. In the latter affection it is best given in combination with bismuth. To a child two years of age he gives 1-16 grain of the hydrochlorate at a dose, and repeats it every few hours *pro re natâ*.

In the vomiting of pregnancy $\frac{1}{8}$ to $\frac{1}{4}$ grain three times daily will generally be sufficient. A formula which has proved useful in the latter affection is the following:—

R Cocain. hydrochlorat.,	gr. $\frac{1}{8}$
Ext. nucis vomicæ,	gr. $\frac{1}{8}$
Pulv. asafoetidæ,	gr. ij.—M.
Fiat. capsula j.	

Sig.—Three times a day, a half hour before eating.

Cocaine will be found of value where other remedies fail. Dr. Everson has found it successful in those cases of vomiting of pregnancy in which the so-called specifics, oxalate of cerium, etc., have failed. In gastric cancer it will often arrest the vomiting for days at a time, thus giving the stomach rest.

The formula he has used in a number of cases of cancer is the following:—

R Cocain. hydrochlorat.,	gr. $\frac{1}{8}$ — $\frac{1}{4}$
Thymol,	gr. $\frac{1}{4}$ — $\frac{1}{2}$ —M.
Ft. pil. j.	

Sig.—Three times daily.

In every case in which it was used the vomiting and pain were noticeably lessened, and the patient was made vastly more comfortable.

But regardless of the above special diseases cocaine is of use in vomiting from any cause. The most desirable way to administer cocaine is in pill form, but it may be given in solution when a proper vehicle is added. The drug can be given in suitable doses without fear of depression.

TREATMENT OF GANGLIA.

Dr. Barth has successfully treated ganglia, lipomata, and other small tumors by injecting one or two drops of Fowler's solution, after disinfection of the surface. The injection is followed by considerable pain and swelling of the cyst and periphery, but these soon subside and the tumor diminishes rapidly in size. The procedure is indicated in the case of patients who are unwilling to submit to a bloody operation; its chief disadvantage, the pain, may be prevented by adding to the injected fluid an equal quantity of a 1 to 2 per cent. solution of cocaine.—*Union Medic.*, No 17, 1889.

VOLVULUS AND ITS TREATMENT.

The following conclusions are arrived at by Dr. N. Senn at the close of an interesting paper upon the Surgical Treatment of Volvulus, in the course of which he deprecates the resort to any such attempts at taxis as those advised by Mr. Hutchinson, and recently published in his "Archives of Surgery." Dr. Senn gives a successful case of volvulus of the sigmoid treated by laparotomy: "1. The predisposing causes of volvulus are either congenital or acquired, and consist in elongation of certain segments of the intestine, abnormal length of mesentery, and adhesions. 2. Irregular distribution of intestinal contents and violent peristalsis are the most important exciting causes. 3. Volvulus is most frequently met at the sigmoid flexure and the lower portion of the ileum. 4. Secondary volvulus on the proximal side of other forms of intestinal obstruction is not a rare occurrence; it is also frequently developed during an attack of peritonitis. 5. As a rule, the symptoms are more acute and intense if the volvulus is located above the ileo-cæcal region. 6. Vomiting in cases of volvulus of the sigmoid flexure is not a constant symptom. 7. The most important physical sign of volvulus is a circumscribed area of tympanites which corresponds to the location of the volvulus, but this sign is only of value before general tympanites has set in, and therefore enables the surgeon in many cases to make an early and positive diagnosis. 8. All cases of volvulus should be treated by laparotomy if reposition cannot be accompanied by rectal insufflation of hydrogen gas. 9. Reposition should not be attempted without evisceration. 10. Evacuation of intestinal contents by a free incision should be practised in every case where general distension of the intestines is present. 11. Enterectomy becomes necessary if any considerable portion of the intestinal wall has become gangrenous. 12. Irreducible volvulus should be treated by establishing intestinal anastomosis with permanent exclusion of the seat of obstruction from the active faecal circulation. 13. Recurrence of volvulus can and should be guarded against by shortening the mesentery by folding it upon itself parallel to the long axis of the bowel and suturing the apex of the fold to the root of the mesentery.—*Lancet*, Dec. 21st, 1889.

ANTIPYRIN FOR HYPODERMIC USE.

Edleson gives the following formula:—

R. Antipyrini,	gr. xlv (3.0 grammes).
Aquæ destillatæ,	
q. s. ad m c (6.0 cubic centimetres).—M.	

Each 15 minims contains about $7\frac{1}{2}$ grains of antipyrin. (These injections are very painful.)—*Pharm. Centrald.*, 1889, No. 46, p. 683.

SOME SOURCES OF ERROR IN SOUND- ING FOR STONE.

Mr. Buckston Browne (*Harveian Society of London*) said his first proposition was, that in cases where the prostate was enlarged, stones are often missed when the bladder is examined, because the sound has not reached the bladder, but is arrested in the prostatic urethra. He illustrated this by several examples, and expressed an opinion that in many cases where the bladder was found contracted and the sound could not be turned, the real truth was that the sound had never entered the bladder. Next he proved that many stones were missed because the post-prostatic pouch is not explored, or not fully explored. It was shown that in certain cases it was very difficult to explore this pouch by means of instruments passed in by the urethra, and that in certain other cases it was impossible to do so, and that in these rare cases, the only way to thoroughly search was by means of supra-pubic incision into the bladder. Several interesting and important cases from the author's personal experience were cited in illustration. The sound described was of solid burnished steel, with a round smooth handle, a shaft ten inches long and equal to No. 7 of the English scale, ending in a smooth broad flat beak, exactly like the end of a broad flat-bladed lithotrite. The author asserted that the beak of this instrument allowed it to ride easily over the bar at the neck of the bladder, and that it was not caught in one or other prostatic sinus as the end of the ordinary sound was so prone to be, and that when in the bladder it slipped more easily than an ordinary sound under a projecting prostatic middle lobe, and so enabled the surgeon to thoroughly search that favorite habitat of a stone—the post-prostatic pouch.—*Med. Press and Circular*.

THIOL IN SKIN DISEASES.

In the treatment of eczema, pemphigus, seborrhoea, acne, dermatitis herpetiformis, and possibly other forms of cutaneous disease, the new drug thiol (if present results are borne out by subsequent trial) will be found valuable. While it is found in commerce in both powder and liquid form, the powder is preferable; it is best used with bismuth subnitrate or starch, or preferably thus:—

Thiol,	3j.
Oxide of zinc	3ss.—M.

It is also readily soluble in water, and may thus be applied in all diseases where it is advisable. Its composition is almost identical with that of ichthyol, but it has none of the objectionable features of the latter drug.—*Lanphear's Medical Index*.—*Hosp. Gaz.*

LOCAL TREATMENT OF DIPHTHERIA.

Diphtheria at the present time seems to be rather active in many districts, and I therefore think it a good opportunity to lay before you the claim of the sulphur treatment, which by many has come into a certain amount of disrepute. I used the sublimated sulphur, and by three methods; to the third, however, I am inclined to give by far the greatest credit.

- i. By means of a tube blow a portion, say half a drachm, of sulphur over as much as can be covered of the diphtheritic membrane.
- ii. Gargle with a solution of the sublimed sulphur, or if preferred, with sulphurous acid mixture.
- iii. By the inhalation of the fumes of burning sulphur. I recommend that the first means should be used twice a day, night and morning, and that the two latter ones every two hours.

Now I claim for the latter that no fungus can possibly exist under the fumes of burning sulphur, and that its action is to completely shrivel up the diphtheritic membrane, putting to death the micrococci as fast as they are formed, the membrane eventually peeling off, leaving a healthy healing surface.

I trust these remarks may be of service to some of your readers in causing them to persevere with the sulphur treatment, which I am afraid, in many cases, when tried is discarded too soon. So far, I myself am quite satisfied with its results.—Dr. Alfred Stanley (Birmingham) in the *British Medical Journal*, Dec. 14th 1889.

THE TREATMENT OF LUPUS BY THE APPLICATION OF ICE.

Dr. Klaus Haussen, in the *Centralblatt für Chirurgie*, for September 7th, reports two cases of lupus, one of the lower lip and the other of the chin, both of which had been subjected to various modes of treatment, such as cauterization, the use of the galvano-cautery, scraping, etc. In spite of this treatment healing did not occur, and the disease continued to spread. In both cases the parts affected were most sensitive, and even the application of iodoform powder caused long-continued pain, which the use of cocaine solution was unable to mitigate. Haussen scraped the parts again, and treated the disease by applications of ice. The extreme sensitiveness speedily disappeared, and in the course of a few weeks both cases were entirely cured.—*Med. News*.

TREATMENT OF CANCROID TUMORS.

Salicylic acid, 3j; alcohol, 3j ether, 3ij; elastic collodion, 3j. Paint over the excrescences once every three or four days by means of a brush.

LARYNGOLOGY AND RHINOLOGY.

THE CURABILITY OF CHRONIC NASAL CATARRH.

Dr. O. B. Douglas, in a very interesting paper on this subject, read before the New York County Medical Society, December 23, 1889, draws the following conclusions:—

1. The nose is not an unimportant organ, as some have seemed to suppose, but physiologically and pathologically, it is of the first importance.

2. Its position and function expose it to injury and diseases necessarily. Variable temperatures, chemical and mechanical irritants, as well as its normal fluxes—perverted—tend to produce disease.

3. Its diseases yield to proper treatment as certainly as those of any other complicated organ.

4. So-called catarrh is not a disease *per se*, but a symptom or result of other lesions.

5. "Chronic nasal catarrh" is usually due to nasal obstruction. By this I mean not necessarily an occlusion of a nostril, or even an obstruction to respiration, but simply an habitual contact of surfaces which are not normally so in contact.

6. Removing the cause is always the first step toward a cure, and this most frequently requires surgical interference. Local and general medication are of secondary, though by no means slight, importance.

7. The nose and its diseases are deserving of more study than has been given them by the profession generally, because the consequences of neglect are far-reaching and serious, and its surgery requires skill and experience.

8. Chronic nasal catarrh—so-called—is not so difficult to cure as by many has been supposed, for it is the result of removable causes in most cases—*New York Medical Journal*, March 22, 1890, p. 311.

IODOFORM IN BURNS AND SCALDS.

In the Moscow therapeutic weekly, *Novosti Terapii*, No. 10, 1889, p. 147, Dr. Afanasy S. Shtcherbakoff, of Rostov-on-Don, warmly recommends the local use of iodoform as an excellent and innocuous means for burns and scalds of any degrees and kinds, both in adults and children. He employs an ointment made of one drachm of iodoform to one ounce of white vaseline. Having freely spread the salve over a sufficiently large piece of iodoform gauze, he applies it to the part injured, covers the gauze with a layer of hygroscopic cotton wool, and fixes the dressing with a roller bandage. Having resorted to the treatment in a large number of cases, the author never yet observed any unpleasant accessory symptoms pointed out by Kœnig, Winiwarter, etc. Hence, he emphatically suggests to give an extensive trial to the method which, in addition to its being effective and safe, is very simple and convenient.—*Provincial Med. Jour.*, May 1889.

IMMEDIATE REDUCTION OF DEFORMITY AFTER TENOTOMY.

Noble Smith, surgeon to All Saints Children's Hospital, London, is an advocate of immediate reduction as offering the best results. All cases operated upon by him have been successful; that is to say, there has invariably been a perfect union of the divided tendon, the function of muscle (when not totally paralyzed) has always been improved, and, in short, all the benefits of tenotomy have been obtained without any drawbacks. The advantages of this method of procedure are: first, that it allows exact adjustment of the displaced part to a natural position, or (in cases where the resistance of other structures prevents it) to as near such position as possible; secondly, that the after-treatment is very much simplified, so that the apparatus required need not cost a quarter as much as, and the visits to the surgeon need not be much more than, a tenth of the number necessary under the old system. The union of the cut end of the tendons is in all cases rapid. It is very necessary, of course, for the patient to wear a supporting apparatus for a time. He uses a very simple apparatus, allowing a tolerably free movement at the ankle, of whatever particular range of motion he thinks the case will require at the end of the first month or six weeks, and then a peg is inserted to fix this joint. Upon removal of the peg, when the tendon seems strong enough to allow it, the instrument is converted from one with a fixed to one with a movable joint. This treatment is applicable, not only to club-foot, but to all other similar contractions.—*Lancet*, March 15, 1890, p. 591.

TREATMENT OF LATERAL CURVATURE OF THE SPINE.

At the meeting of the Medical Society of London, held March 10, 1890, Mr. Richard Barwell read a paper on the treatment of lateral curvature of the spine by "rachylisis." He pointed out the changes undergone by the spine in the course of the deformity, resulting in the spine being bound down in its vicious position by ligamentous contraction. To remedy this he proposed to apply force, with the object of stretching the shortened ligaments. He displayed his apparatus, and demonstrated its use on two lads from the Cripples' Home, in Kensington, and showed, during the use of the power in one case, an increase in length of $\frac{3}{4}$ inch (2.0 centimetres), and in the other a gain of $1\frac{1}{2}$ inches (4.0 centimetres). He mentioned cases in which very rapid amelioration had taken place under this treatment.

Mr. Keetley said if Mr. Barwell's conclusions were correct—and he supposed they were—his plan was a valuable contribution to the treatment of a very intractable variety of bodily deformity. *British Medical Journal*, March 15, 1890, p. 805.

PHENACETIN.

Phenacatin is one of the latest antipyretics that has come into professional favor; and although it is closely allied in action and in chemical composition to its twin sisters antipyrin and antifebrin, clinical experience teaches that it possesses certain peculiarities which places it in the first rank of this class of remedies. Like the two latter, it is not only useful as a fever reducing agent, but it also displays a remarkable beneficial influence in diseases of the nervous system. It is indeed very probable that all these substances exert their therapeutic properties by virtue of their strong affinity for the nervous system; notwithstanding the fact that this feature was altogether unobserved when they were first introduced to the profession. It is always a cause for much congratulation, because it is an indication of normal development, when, as in this instance, independent researches, carried on in the different branches of the same science, yield evidence of a reciprocally confirmatory character. Previous to the discovery of the antipyretic action of these coal-tar products, there were investigations in progress which showed both from an experimental and a clinical standpoint, that the essential lesion of fever consisted in a disordered state of the heat-regulating centres of the nervous system. So long as fever was believed to be due primarily to super-oxidation of the bodily tissues, as was taught by the older pathology, the *modus operandi* of every antipyretic was more or less enshrouded in a cloud of darkness; but when subsequent observation demonstrated that phenacatin and its allies produced antipyresis by reason of their marked affinity for the nervous system, the neurotic theory of fever was so much richer on account of the additional evidence which is received from this quarter.

Whatever its manifestation may be, therefore, it is clear that the fundamental action of phenacatin is concentrated on the nervous system, and it is well to bear this feature of its action in mind while administering it. As an antipyretic it is in many respects superior to either antipyrin or antifebrin. This is true of it in acute as well as in chronic fever. In the experience of other, as well as in our own, it has been known to reduce acute fever in cases in which both of the latter agents had signally failed. Not only does it appear to be the most effectual antipyretic, but it also seems to be free from producing any toxic effects unless it is given in very large doses, while both antipyrin and antifebrin are prone to give rise to these—the former to a cutaneous rash, and the latter to a cyanotic condition of the blood.

Phenacatin is especially valuable in suppressing the fever of pulmonary consumption. In

this as in every other chronic form of fever, large and probably double doses are required to achieve the same end as that in which is obtained in acute fever. Of course no iron-clad rule can be laid down as to how much should be given in any individual instance. The best guide that can be followed is to give it "for effect." In four or five grains administered every four hours do not suffice to bring down the temperature, there should be no hesitation in giving from ten to twenty grains. Ordinarily it will be found, however, that from five to ten grains is all that is required in such cases. It also has a modifying influence on other symptoms of this disease. Simultaneously with the reduction of fever, the cough becomes easier, the expectoration diminishes, and a general improvement in the patient's condition follows. From this it will be seen that phenacatin does good, not only as an antipyretic in pulmonary consumption, but also as a constitutional tonic—a role which it undoubtedly plays through its action on the nervous system; and for this reason it renders useful service, and its administration should be continued in three or four-grain doses three or four times a day after the fever has abated.

That which is true of phenacatin in pulmonary consumption also holds true in chronic bronchitis, whooping-cough, migraine, neuralgia, neurasthenia, &c., when it is given in three or four-grain doses; and from all appearance it bids fair to out-rival antipyrin and antifebrin in the treatment of all adynamic conditions of the nervous system.—*Med. and Surg. Reporter.*

PILOCARPINE IN GLAUCOMA.

Drs. Saint-Germain and Valude recommend the following:—

R. Pilocarpinæ, 0.40 gramme (gr. ivss).
Aque distillatæ, 10.00 grammes (3iiss).
Ft. collyr.

Sig.: This collyrium is employed alone, or in alternation with a solution of eserine, in glaucomatous conditions of children, when eserine does not agree with the patient.

L'Union Médicale, December 19 1889, p. 875.

A NEW TÆNIAFUGE.

Kaiser, in the *Med. Chir. Rundsch*, 1889 p. 572, gives the following:—

R. Olei tiglii, gtt.j.
Chloroformi, 3j (4.0 grammes.)
Glycerini, 3x (40.0 grammes.)

M. Sig.: To be taken in two portions half an hour apart. Fast the evening before taking.

—*Les Nouveaux Remèdes*, January 8, 1890 p. 3.

THE ANTISEPTIC TREATMENT OF ABSCESS.

The following method, given in the *Revue Générale de Clinique et de Thérapeutique*, as practised by Championnière, while it contains nothing unusual, may be practically useful. Before the operation, the region involved is washed with a solution of carbolic acid, made up as follows :

R,—Carbolic acid.....750 grains.
Glycerine.....900 grains.
Boiled water..... 1 quart.

The bistoury is rendered aseptic by immersion in carbolized water, and, after the abscess is incised, its cavity is washed out with an antiseptic solution until the liquid returns perfectly clear. If the size of the abscess be large, a rubber drainage tube is inserted, which is rendered antiseptic and contains a little cotton fibre, which is thoroughly soaked previously in the following mixture :

R.—Glycerine
Crystalline carbolic acid } $\bar{a}\bar{a}$ 375 grains.
Boiled water..... 1 quart.

The position where the abscess occurred is now covered by a piece of rubber cloth over which is placed a bandage. Twenty-four hours later the wound is washed out a second time with the same solution as was previously employed, the drainage tube being replaced or left out according to the condition of the wound.—*Med. News*.

REDUCTION OF HERNIA DURING COUGHING.

It is an undoubted fact that coughing will produce or bring down a hernia ; it is therefore somewhat surprising to hear that coughing may be useful in the reduction of such a displacement. M. Vandenaabeele, however, has frequently found that herniæ which had resisted attempts at reduction by taxis alone, yielded when the patient was directed to cough during the manual effort of compressing the sac. M. Vandenaabeele's observations included both inguinal and femoral herniæ, and were not confined to either sex. He believes that during the act of coughing the hernial ring dilates somewhat, and that if we l-directed taxis is employed at the right moment most cases will yield.—*Lancet*, 1889.—*Med. News*.

IODIZED GLYCERINE.

Dr. G. Hammond points out that a mixture of tincture of iodine and glycerine produces a greater effect on the skin than the pure tincture, possibly because the glycerine tends to prevent the evaporation of the iodine, and thus enables the whole of its powers to be utilized.—*Med. Recorder*.

THE TREATMENT OF FLATULENT DYSPEPSIA.

Pepper, in a clinical lecture, stated that flatulence may result from the excessive formation of gas. Under these circumstances, such remedies as sulphurous acid, which is a powerful antiseptic, will be found useful. It may be given alone or combined with small doses of strychnia. He prescribed as follows :

R Acidi Sulphurosi, ʒiiss vel ʒij
Strych. Sulph., gr. ss
Tr. Card. Comp., ʒss
Aquæ ad, ʒiv

Sig.—One drachm after meals, in water.

You may resort to a different class of remedies and give creosote. This is a local stimulant to the stomach, and in atonic cases is of service. It is at the same time a powerful antiseptic and antifermentative agent. Creosote is best given one half or one hour after meals, when the process of fermentation is about beginning. At this time the gastric digestion should have passed through the acid stage, and the contents of the stomach should be neutral or alkaline. Given at this time, the creosote may be advantageously combined with an alkali, as sodium bicarbonate.

R Creosote, gtt. x
Sodii Bicarb., ʒij
Pulv. Acaciæ, q.s.
Aquæ, ʒv.

Sig.—Two drachms one hour after meals.

In place of the sodium bicarbonate in the above formula the subnitrate of bismuth may be employed. If it is recognized that there is not only a state of atony with a tendency to fermentation, but that there is also a deficiency of gastric power, pepsin may be given. Pepsin is best taken in acid mixtures, and should be given at the acid stage of the digestion. At the same time, if the administration of the drug is postponed for a short time after meals, it comes at a time when the power of the gastric juice is about exhausted.

R Pepsin. fort., ʒj
Creasot., gtt. x
Bis. Sub. Carb., ʒijss

M Et ft. pulv. No. xxx.

One of these powders, in a small gelatine capsule, can be given one hour after each meal. Again, in this same line of thought, we have agents, like powdered charcoal, which act as absorbents of the gases, and are, at the same time, anti-putrefactive and anti-fermentative in their action. Powdered charcoal, with soda or bismuth, may be given a couple of hours after meals, and in the class of cases of which I have been speaking, may afford a great deal of temporary relief. When charcoal is given, the patient should be informed that it will cause blackening of the stools.—*The Polyclinic*.

ANÆSTHETIC MIXTURES.

Mr. Geo. M. Foy has been writing a series of articles on anæsthetics for the *Dublin Journal of Medical Science* from which we extract the following :

1. A. C. E. Mixture.

Alcohol sp. gr. .838	1 part.
Chloroform sp. gr. 1.497	2 parts.
Ether sp. gr. .753	3 parts.

2. Martindale and Westcott's Mixture.

Absolute Alcohol sp. gr. 0.795	1 volume.
Chloroform sp. gr. 1.498	2 volumes.
Ether sp. gr. 0.720	3 volumes.

3. Bilroth's Mixture.

Chloroform	3 parts.
Alcohol	} of each
Ether	
	1 part.

4. The Vienna Mixture.

Chloroform	1 part.
Ether	3 parts.

By weight, Mix.

5. Buxton's formula for methylene.

Alcohol	1 part.
Chloroform	4 parts.

Mix.

To diminish the risk in cases of cardiac asthenia, the addition of nitrite of amyl to chloroform in the proportions of two drachms of the former to a pound of chloroform was recommended; the combination, however, did not become popular and is never used.

DISINFECTION OF SPUTA.

In a lecture on disinfection by Dujardin-Beaumetz (*Therapeutic Gazette*) are a few valuable hints on the disinfection of sputa. Patients must expectorate in spittoons furnished with saw-dust which may be kept moist with any one of the following mixtures recommended by Vallin, although the destructive action of these antiseptic preparations on the bacilli of tuberculosis is not equal :

1° Chloride of Zinc (liquid at 45°C.)	3.2 oz.
Glycerin and water	1 qt.
2° Chloride of Lime	1.6 oz.
Water	1 qt.
3° Crystallized Carbolic Acid	77 gr.
Water	1 pint 14 oz.
Glycerin	3 oz. 3 drachms.
4° Crystallized Thymic Acid	30 grs.
Alcohol	1 oz. 5 drachms.
Water	1 pint 14 oz.
Glycerin	1 oz. 5 drachms.
Crystallized Sulphate of Copper	1.6 oz.

5° Nitric Acid	1.6 oz.
Water	1 pint 12 oz.
Glycerin	1 oz. 5 drachms.

At the end of the day the contents of the spittoon should be thrown in the fire.

VOMITING OF PREGNANCY.

In cases of incoercible vomiting due to pregnancy, M. Hubert (*Lyon Medical*) recommends the following :

R. Tinctur. Iodini	gtt. vj.
Kali Iodidi	3 jss.
Aquæ Destillat.	3 ivas.

M. ft. sol. Sig. : A tablespoonful three times a day.

ABORTING ABSCESES.

Apply a yeast poultice to the affected parts, upon which equal parts of borate of soda, boric acid, salicylic acid, and powdered tannin should be dusted.

A moderate dose of calomel should be given internally. This treatment is usually sufficient to abort an abscess if it is resorted to when the local symptoms first make their appearance.

Frictions with the following ointment will also be found valuable (Medical and Surgical Reporter) :

Salicylate of bismuth.....	3ijss ;
Lanoline.....	3vijs.

—American Practitioner.

SALOL IN BURNS.

Grätzer recommends a mixture of from 2 to 3 parts of salol with 50 parts of starch as an application to inflamed and painful surfaces, bruises, burns, and painful skin diseases of all kinds. The relief is said to be great and very prompt. The remedy is simply dusted on the surface.—*National Druggist*, Nov., 1889.

MENTHOL IN THE VOMITING OF PREGNANCY.

Dr. S. Gottschalk, of Berlin, reports a case of obstinate vomiting of pregnancy (*Berlin. klin. Woch.*, p. 872) which was promptly controlled by the internal use of menthol. The following formula was used :

R. Menthol	1
Alcohol	20
Water	150

M. Sig. : 3 j. q. 1 h. *New York Medical Record*.

Equal parts of burnt alum and tanni sprinkled in powder upon venereal warts will desiccate them, and they can be rubbed off a few days.—*Columbus Med. Jour*.

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IS SULPHUR A DISINFECTANT?

This is an iconoclastic age, and the latest idol to be dashed to pieces, according to the *New York Medical Record*, is the fumigation of infected rooms with burning sulphur, whereby the latter is converted into sulphurous acid. We confess that we have always believed in this chemical agent as one of the most powerful destroyers of the lowest forms of life, and we still believe in it, the above learned authority notwithstanding. It has been lately suggested as an improvement to fill the room with steam first, so that the sulphurous acid gas may be held in solution on the walls and furniture. The editor goes so far as to say that it is surprising that scientific bodies continue to send forth directions for disinfecting with sulphur, as there is no evidence that sulphur fumes disinfect the rooms in which they are produced, or do any good whatever. We hope that our learned contemporary has good authority for making this statement, for on consulting several authorities, such as Quain's dictionary and the *Encyclopedia Britannica*, we find that "sulphur fumes destroy the activity of dry vaccine on points very rapidly, and even when much diluted

stop the amceloid movements of living cells, kill vibrios and act deleteriously on vegetation." Baxter's experiments show that it is the most powerful disinfectant known. We therefore feel justified in advising our readers to continue the use of sulphur, "three pounds to a room ten feet square," until some better agent is discovered.

DISORDERS OF VISION.

It must be evident to any one who walks about the streets of our city with his eyes open, that there is a steady increase from year to year of those who wear glasses for the correction of some optical defect. We say advisedly for the correction of some optical defect, so as to exclude from this article those who wear glasses for purposes of fashion, or affectation. In other words we maintain that disorders of vision are decidedly on the increase. Some may deny this pretention and explain the more general use of glasses by the statement that the diseases themselves are not more common, but the knowledge of how to remedy or treat them is more widespread. In other words they say people used to have their abnormalities of vision just as much formerly as they do now, but they were neither recognized nor treated, while at the present time people know enough about the eyes to have them attended to at the first appearance of disease. So far has this knowledge been perfected that even symptoms, such as certain forms of headache, which were not suspected to have any connection with the eye at all, are now known to be wholly and solely due to disorders of the muscles of the eye, and to be promptly cured by correcting these disorders by suitable lenses. It may be asked to what is due this increase in the number of people (especially young people) suffering from ocular defects? Several causes tend towards them. Children are put to school younger and kept at their studies more assiduously. Artificial light far inferior to day-light is used more and more, people

having acquired the habit of sitting up far into the night and sleeping far into the day. People read more than they ever did, and many people read in bed, which in compliance with some mysterious law of woman-kind must be placed with the head away from the window, so that reading can only be done at the cost of eye strain. We have often noticed, too, that young men of fashion, with very high collars, are nearly always obliged to use eye-glasses, and we see by an exchange that one of the most recent authorities on the eye states that the high collar, by preventing the free flow of blood in the jugular veins, keeps up a constant passive congestion of the eye-ball, thus bulging the cornea and making the image to be formed in front of the retina. The hygiene of the eye is a very important subject, and one, we think, to which sufficient attention has not hitherto been paid.

TOO MUCH EATING.

We called attention last year in an editorial, which was widely noticed in our exchanges, to the fact that on this continent people do not drink enough water. We would like at present to draw more general attention to the amount of injury people are doing themselves by over-eating. Even medical men hardly seem to realize how much more people eat than they can possibly burn up, and that the consequences are deposits of fatty or nitrogenous compounds in various parts of the body where they do more or less harm. The mere laying on of a hundred weight of fat would not be such a great misfortune were it not for the fact that a part of it will be accumulated on the heart, rendering exertion so distasteful to the owner that the muscular system soon begins to suffer seriously by degeneration. Then again, nitrogenous food should be completely converted into urea, for the removal of which the kidneys and skin are quite competent; but when there is more nitrogen in the blood than there is

oxygen to convert it into urea, it forms intermediary products, such as uric acid, which are much less soluble than urea, and of which the blood at a temperature of one hundred can hold just so many grains to the ounce and no more. Now if this super-saturated blood should, while passing through the hands or feet, become cooled down to 90 or 80, or even less, it is clear that so many grains of acid will be deposited at the place of cooling. If this deposit be examined under the microscope it will be found to be composed largely of sharp pointed crystals, which getting in between the smooth and sensitive surfaces of joints and tendons and passing through fine tubules of the kidneys, cause pain and sometimes inflammation. We have here the key note to rheumatism, gout and Bright's disease. If we want to cure rheumatism we have only to cut off the nitrogen and turn on the oxygen and water, and immediately the uric acid will be dissolved out of the joints and turned into urea and passed out by the kidneys. Some physicians think that they are carrying out these directions when they put the patient in a hot, close room on a strictly milk diet, or as the patients themselves often say, they are left to starve on four quarts of milk a day, and not a bite to eat. But milk diet is about the very worst diet we could possibly give a rheumatic patient. The four quarts of water are all right, but the four thousand grains of cheese, three thousand grains of fat and two thousand grains of sugar are of no advantage to a person whose blood is overloaded with surplus products which have never had a chance to be consumed. The best diet for a rheumatic patient is four quarts of water made into gruel, without milk, by the addition of a very small quantity of well boiled oatmeal and a little sugar. This pacifies the eye, satisfies the stomach, and, above all, gets the saving four quarts of water into them while keeping the injurious meat, cheese, milk and other nitrogenous food out.

The fast of Signor Succì for forty days, which from all accounts seems to have been genuine at least, proves that people would not be in danger of death, as many of them think, because they went without food for a few hours or even a whole day. The hard working stone-breaker seems to be able to work ten hours a day on what others, who do no work at all, would think they were being starved on.

CO-EDUCATION.

In a late issue we made some remarks upon this question, which, we have reason to believe, have been well received by both the faculty and the students of Bishop's College medical school. We shall be happy if anything we have written should lead to the solution of the question,—where shall female doctors be educated? without adding one more to the medical schools of this city. Instead of the young women candidates going around begging for an endowment to start another college here, there is a school ready and willing to admit them on equal terms with their brothers. Of course some slight alteration in the college building would be necessitated, such as a separate dissecting room and separate retiring rooms, but that would be an easy matter. We understand that already a considerable number of young women in the city intend entering next fall if the suggested arrangements can be carried out. What will become of the girl doctors after they graduate? This is a question which both they and their young male confreres may ask with anxiety. We shall try to answer it. First of all there are hundreds of cases of midwifery to attend which are now being attended by ignorant midwives, simply because they cannot afford the charges of the young male doctor. These poor working women pay about four dollars for the confinement and subsequent attendance. The young male doctor wont attend them for that price, and even if he would they prefer a midwife, for the simple reason that they cannot afford a

nurse to wash them and the baby for the first few days, and this the midwife does. Now, if the young female doctor will take hold of the work there is plenty of it to do, and she will not only earn a decent living but confer an incalculable blessing on her fellow women among the working class. Of course this will injure the more ignorant of the midwives, some of whom are better suited for the kitchen and laundry, where they can, however, always obtain plenty of work. Then again, when the workingman's children are sick he does not dare to call in a doctor until the very last; a man with a large family, living on twenty-four dollars a month, cannot afford many dollar visits, which is the minimum fee that the young male doctor has been taught to take. The result is that his child dies for the lack of attendance, or else is taken to the overcrowded out-patient room at the Hospital, where the poor mother is sometimes obliged to wait three or four hours away from the rest of her little ones. The young female doctor will find lots of work which is now going a begging, and if her education does not drive away the tenderness from her woman's heart, her possibilities for doing good are almost unlimited.

Then again she may marry; nay, more, she may marry a doctor, thus forming one of the best of partnerships. She could help him to dispense his medicines, administer anæsthetics, and assist him in a hundred different ways, especially in the early years of struggling and before she has many children to absorb her care and attention. But if she does not marry a doctor she may marry some other man, to whom she will be none the less a pleasant companion, because she is highly educated. And if such a marriage should entail her retirement from practice still she may act as a valuable centre for disseminating useful knowledge among her female friends, in whom lifelong sickness and misery is often due to utter ignorance of the laws of health.

We are glad to see by the *Canadian*

Practitioner that Mr. Lawson Tait, of Birmingham, has ordered the most complete electrical outfit that could be purchased in New York. He has been one of the strongest opponents of electricity in gynecology in the whole world, and as anything he undertakes to do he does with all his might, we should not be surprised to hear within a few months that he has been even more successful with it than many who have been using it in a half hearted way ever since Apostoli brought it first into notice.

BOOK NOTICES.

THE DOCTOR IN CANADA, HIS WHEREABOUTS AND THE LAWS WHICH GOVERN HIM. A ready book of reference. By Robert Wynyard Powell, M.D., Ottawa. Published by the *Gazette Publishing Co.*, Montreal.

This work fills a decided want and one which we have experienced many times ourselves. It is divided into ten parts, the following heads of which will give the reader some idea of what it contains: I. Medical Legislation. II. Sanitary Legislation. III. Medical Education. IV. Medical Appointments. V. Medical Journals. VI. Licensed Practitioners. VII. Medical Legislators. VIII. Medical Officers in the Canadian Militia. IX. Health Officers. X. Coroners. XI. Railway Medical Appointments. XII. Medical Examiners for Life Insurance. As long as each province has a different way of regulating the practice of medicine it is necessary that every practitioner should know at least the laws of his own province. The first hundred pages of the book are devoted to the medical acts of each province. The next hundred pages contain the anatomy acts and public health acts of each province. One of the most generally useful parts of the work is the one containing a list of the licensed practitioners in each town and each province. This will be found of great service to those who wish to reach the profession for purposes of collective investigations, &c. We trust that the book may meet with a large enough sale to warrant the publisher in bringing out a new edition every year corrected up to date. The price is reasonable enough a place it within the reach of all.

ELECTRICITY IN THE DISEASES OF WOMEN, with special reference to the application of strong currents. By G. Betton Massey, M.D. Second edition. Revised and enlarged. Philadelphia and London: F. A. Davis, publisher, 1890. Price, \$1.50 net.

The author says in the preface to the second edition: "The exhaustion of the first edition of this work within a few months of its appearance is

an evidence of professional favor that is most gratifying to the author. In preparing a second edition the opportunity has been taken for a thorough revision of most of the text, and the addition of new electro-therapeutic contributions to gynecology; and so considerable has been the progress of definite knowledge in the art that it was found necessary to rewrite the greater portions of chapters XI., XII., XIV. and XVI. and add new chapters on subinvolution and chronic inflammatory diseases of the appendages. The perusal of this work has afforded us great pleasure and profit, and we would strongly recommend every one to peruse it before making rash statements as to the uselessness of electricity in gynecology. The pitiful sight would not then be seen of prominent gynecologists stating that after trying Apostoli's method for fibroids with a one-celled battery they had proved it a failure.

AN EXAMINATION OF THE KNEE-JERK in sixty-two cases of interstitial inflammation of the cornea. By W. Lang, Surgeon to the Royal London Ophthalmic Hospital and Ophthalmic Surgeon to the Middlesex Hospital, and Casey A. Wood, C.M., M.D., late Attending Physician to the Western Hospital, Montreal; Late Clinical Assistant Royal Ophthalmic Hospital (Moorfields) London; Instructor in Ophthalmology, Chicago Post Graduate Medical School. Reprinted from the Royal London Ophthalmic Hospital Reports, December, 1889. 1890. Walt. A. Lantz, Print., Chicago.

Dr. O. C. Edwards, a former esteemed Montreal confrere, and late president of the Medical Council of the Northwest Territories, is about moving to Ottawa to settle in practice at the Capital.

NEW NOVEL.

"The Bell of St. Paul's," by Walter Besant, has rapidly attained a large and deserved popularity. In it the author says, "This is an Age of Apollinaris Water," a very true remark, seeing that no less than fifteen million eight hundred and twenty-two thousand bottles were filled at the Apollinaris Spring in the year 1889.

The French Government has decided that hereafter foreign physicians (more especially English) will not be allowed to practice medicine in France, except "in those instances presenting very exceptional claims." This means that the English physicians can no longer undertake to practice in the Riviera, or at the various Mediterranean health resorts of France. If this rule is to be made to apply to Americans, it would be only fair to undertake reprisals. There are a good many French physicians who come over to practice in this country, and it is a poor rule that doesn't work both ways.—*Med. Record.*

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PULMONARY CONSUMPTION IN THE LIGHT OF MODERN RESEARCH.

By Stephen Smith Burt, M.D., Professor of Clinical Medicine and Physical Diagnosis, New York Post-Graduate Medical School and Hospital; Attending Physician, Outdoor Department (Diseases of the Chest) Bellevue Hospital.

While more than fifteen per cent of all deaths in the civilized world can still be traced to pulmonary consumption, no further apology is necessary for discussing this subject. Such a mortality alone is sufficient reason for us to persevere in our efforts to trace out the source of this evil, and to devise some radical means for its prevention. Moreover, the renewed interest which recent discoveries have awakened in general medicine is fully shared by this particular malady, and a fresh impetus has been given toward the solution of a problem which hitherto had seemed almost hopeless. Nevertheless, I must confess to some diffidence in debating this theme at a time when so many startling revelations are being made in regard to the etiology of disease, and when, from this unsettled state of our science, an argument based upon a premise of to-day may turn out to be illogical in view of the discovery of to-morrow. Still, a sufficiently large number of facts appear to be conclusively established to justify our considera-

tion of the germ-theory in its relation to pulmonary tuberculosis. I therefore undertake this topic without promising any special novelty, for my work is in the field rather than the laboratory of medicine; but with an earnest desire to elucidate the various questions involved in the present aspect of the matter and to do my share toward promulgating the latest results of modern research. And at the outset of my essay let me acknowledge the great obligations we are under to the large number of patient, painstaking workers, whose time is mostly spent behind curtains, with closed doors, peering into the but recently explored land of the bacteria, the dark continent of infection, whose miasma has been exhaling disease and death from a poisonous vegetation heretofore undiscovered.

There is a trait peculiar to a mind imbued with the real scientific spirit which is especially commendable. No seeker after the truth feels it incumbent on himself to uphold a claim which has been proved untenable. Demonstrate the fallacy of an hypothesis and it is immediately thrown aside for one that will bear verification. Meantime, however, the imagination plays a most important part in the progress of scientific investigation; for some of our most useful discoveries have long anticipated their final confirmation. An idea,

but vague in its inception, ere long assumes definite shape, and is grasped by the progressive few, only to languish in the congenial atmosphere of general indifference, until some more fortunate observers find the profession at large prepared for its acceptance.

From the period of Galen down through the history of medicine the infection of phthisis had been surmised at various times, until Villemin, Cohnheim and others showed that tubercle is inoculable, and, finally, the involved data were disentangled by Koch, in the separation and culture of micro-organisms, and the tubercular bacilli, wholly freed from complicating material, were categorically proved the cause, without which no tubercle is possible. Granting that "all germinal conceptions are the product of their age rather than of any individual mind," it assuredly fell upon this distinguished biologist to be the spokesman of his generation.

To me the germ-theory is a very fascinating explanation of the mystery that formerly enshrouded many of our fatal maladies. Furthermore, the brilliant results that have been achieved in surgery through the operations of Lister and his followers, upon this hypothesis, are most convincing proofs of the correctness of so wonderful a conception. And though we may never be able to do more than utilize our newly acquired facts in the avoidance of threatening trouble, yet who can foretell the good that will accrue to man therefrom, when he comes, as in time he must come, to an adequate realization of its importance. Nor need we relinquish the hope that industrious experimenters will some day discover the secret of bacterial warfare, so that innocuous germs can be marshalled to drive the disease-producing fungi from the field. Seeing that micro-biologists already have ascertained that many bacteria inhabit the animal tissues which are in no way injurious to them, and also have remarked the same struggle for existence in the realm of mi-

croscopic that obtains between plants and between animals in the macroscopic world and, moreover, that repeatedly benignant germs have succeeded in overpowering the pathogenic variety, and have caused their extinction, it is not a very improbable conjecture that, in the rear future, these allies of the human race may be separated, cultivated and impressed into our service to extirpate those hostile species.

That new ideas often should meet with stout opposition, solely on account of their novelty, seems to those convinced of their worth profoundly discouraging. But may not this be a fortunate circumstance, even though fraught with some delay? for in the end a rational mean is frequently the outcome of two irrational extremities. And in the workings of nature time apparently is of very little consequence.

The great mortality resulting from pulmonary tuberculosis is shorn of some of its terrors by the duration of the malady. Were the annual deaths from this affection to occur in the course of a few days, instead of a year, the public will require no urging to be convinced of the absolute need of strictly observing preventive measures. For tuberculosis is a preventable disease, and one of the unnecessary afflictions of the human race. And man, in reality, is his own worst enemy, because, in the blindness of his ignorance, or the culpability of his selfishness, he goes about spreading disease and death for himself and his fellow-man.

All forms of phthisis probably are due to the presence of tubercle, in varying proportions, and all tubercle is the outgrowth of a microscopic, disease-producing germ known as the bacillus tuberculosis. Without this parasitic plant, however depraved the constitution, there will be no tuberculosis, and also, fortunately, with this morbid agent there will be no phthisis, unless the vitality of the tissues is impaired.

These liliputians of the vegetable kingdom are dwellers in a shadowy land, in

which their forms and habits are being studied through magnifying media, where-with the inventive mind of man has supplemented the natural limits of his vision. And soon, by the aid of photography, we may be able to dip, nay, have already dipped, more deeply into this obscure region than the human eye can penetrate.

Taken in through the inspired air or by means of contaminated food, these infusoria are distributed throughout the body, and find lodgment at points of least resistance, where they become foci of irritation and provoke a modified inflammatory process, which results in the development of tubercle. But the mere introduction of these bacteria into the system will not invariably cause tuberculosis, since the healthy tissue as a rule repels any attempt of the germs to establish themselves, and, were this not so, humanity ere now would have been exterminated.

The bacilli, or their putrefactive products termed ptomaines, enter the circulation, and by their effect upon the heat centres cause an elevation of temperature, which is an outward expression of the inward conflict that is being carried on to expel the poisonous principle, and as all nature is rythmical in its action, the fever partakes of this inherent character. Hence the cessation of the pyrexia is a sign of the inactivity of the fermentation, and if the organic structures have not suffered too great havoc in the struggle, recovery from the affection may take place; but if the tissues are extensively destroyed, death may ensue from the inability of the patient to survive the disorganization. Thus the famous saying of Niemeyer, that the greatest danger for the majority of consumptives is that they are apt to become tuberculous, must undergo revision in the light of recent developments; for the greatest danger now threatening mankind is that cells of a retrograde metamorphosis may chance to encounter the turbercle bacillus in its wanderings.

Bacteria abound in enclosures and in

densely populated towns, whereas they are not found, especially at great elevations, in the open country. Likewise phthisis prevails to a much greater extent in the cities than in rural districts and among the sedentary than amid those otherwise circumstanced, and, practically, the disease seldom exists at high altitudes. Domesticated animals that are crowded together and wild beasts confined in cages often die of tuberculosis. So, also, soldiers packed too closely in barracks, and inmates of prisons with insufficient breathing space have an excessive mortality from consumption.

While we believe that the germs of tubercle are not often directly transmitted to offspring, nevertheless, degraded cells enter into the new organisms, which form an inviting nidus for the ubiquitous bacillus. If it is true that each of the millions of cells that constitute the individual has a representative in the protoplasmic matter which combines for the evolution of the succeeding generation, then it is not strange that the cells which go to make up the lungs in another development should be relatively deficient in vitality. There is no difficulty in comprehending inheritance among some of the lowest forms of life, for the homogeneous body of the parent simply divides in two or more parts, a process called fission, and ceases its personal existence, while the descendants continue their separate lives, similar in every respect to the proximate ancestor. But, when we rise to the more highly evolved and differentiated animal texture, where each cell has its special function, and all cells a mutual dependence, such self-division would be fatal alike to parent and child. Hence the hypothesis of an assemblage of physiological units representing the entire fabric of the body in the sperm-cell and germ-cell of the progenitors, whose integrity in this process is practically maintained. This comprises all there is of the so-called inheritance of phthisis. On the other hand, an acquired insecurity from the pathogenic germ is due to innumerable

causes which conspire to lower the tone of the system in general, and of the lungs in particular. One source of structural weakness which has especially impressed me is that the waste products circulating through the organism are oftentimes not properly oxygenated on account of defective respiration, and these form an attractive field for the harmful bacteria; whereas, a thorough daily bath of the tissues in well-purified blood consumes the ptomaines, and by keeping the cells of the body in a sound condition starves the germs that have chanced to gain admission. Furthermore, in my opinion, some of the undefiled animal fluids alone are the best germicides. An illustration of the probable truth of these suppositions is the marked infrequency of phthisis in those who lead active outdoor lives as compared with persons of sedentary habits, and, while it is partly to be explained by the increased danger of infection in the latter, still, the other element in the causation is not always sufficiently appreciated.

I must devote a moment, in passing, to the very ingenious and interesting interpretation of one of the supposed functions of the white blood-corpuscles. They are thought to exercise a sanitary supervision throughout the frame, and, whenever poisonous ptomaines or disease-producing germs lodge therein, these guardians of the vital economy rush to the place of danger, and there, closing about the intruders, endeavor to destroy them, and thus protect the system from noxious invasion. Whereas, opposing this ingenious answer to a very perplexing question, follows the assertion that these leucoeytes do not kill the bacteria, but that an innate though varying germicidal power exists in the healthy blood-serum, while the white corpuscles are, in a limited degree, the scavengers, as it were, rather than the custodians of the tissues, and this belief is more in harmony than the former one with the theory which I previously advanced.

Now let us consider what would naturally

follow if this little micro-organism is, what many believe it to be, the exciting cause of phthisis. It is found almost constantly in large numbers, among the material coughed up by diseased subjects, and it is known to retain its vitality for varying periods after desiccation; consequently, there is every reason to suppose that the bacteria floating in a fine dust about the air, more especially of a room, would find their way by inhalation into the lungs. Also, they might fall upon an abraded surface and be carried into the circulation. Likewise, they would settle upon articles of nutriment and be taken into the stomach, and thence, by absorption, into the system. Further, tuberculosis taints some of the many animals utilized by man as food, and the bacilli are found in the milk of infected cows. Therefore, these germs might be introduced into the system with underdone meat and in milk that has not been boiled.

Wherever the population is most dense, there the disease ought to prevail, and particularly among the poor and the ignorant of our community.

Again, conversely, what has been revealed day by day, to verify these inductions? Long before the discovery and cultivation of the micro-organisms, pulmonary consumption was conveyed to the lower animals by inoculation.

Dust taken from the walls of rooms in private houses and public hospitals, occupied by phthisical patients, in the same manner, has been productive of tuberculosis with these helpless victims of scientific investigation. Then of a number of dogs made to inhale the dried sputa of consumptives, a few became infected within three weeks, and, ultimately, all gave evidence of the malady. What is more, the disease has been induced in rabbits, lambs and swine by milk from diseased cows, and several animals have been contaminated through feeding upon meat that was tuberculous. Finally came the isolation and tillage of the specific bacillus already noted, which still

caused phthisis when introduced into the system under favoring conditions.

The death rate from tuberculosis in some cloisters has been as high as fifty per cent., and in many prisons it has risen above sixty per cent. And the loss of life from this cause among manufacturers is said to be twice as great as that of agriculturists.

After many years of regular, though not constant, relations with phthisical patients, my experience leads me to the conclusion that either the disease is never contagious in the common acceptation of the term, or else the physicians whom I have known under similar conditions to myself are especially exempt from such influences. And the former seems the more rational conclusion; but, on the other hand, it has been amply demonstrated that persons living in permanent intercourse with these patients often become infected with the disease. Moreover, the examples of its dissemination under these circumstances are too frequent to be accounted for by mere coincidence. Indeed, the mortality among nurses between the ages of fifteen and twenty is shown by Cornet to be six times greater than that of the entire population.

The well-known experiment of Trudeau aptly illustrates certain points I am desirous of making clear, therefore I briefly touch upon his investigation. Some rabbits inoculated by him with the tubercular bacilli, and placed in relations deleterious to health, became tuberculous. Another group of these same rodents, likewise confined, but not subjected to infection, did not develop the disease. While still another group, like the first, inoculated, yet not put in a similar situation, but, on the contrary, favorably located as to hygiene, mostly escaped the malady.

Enlarging upon the mortality of phthisis, in order to emphasize the importance of an intelligent and systematic prophylaxis, we must not lose sight of the fact that this affection is somewhat self-limited, and that it has not infrequently blazed up, or smould-

ered for a time, and then died out for lack of fuel. So that the death rate in proportion to the number of cases, could they be known, is not, after all, so alarming. And that the bacteria do not multiply outside the animal body, and that the breath of human beings does not, as a rule, contain these micro-organisms, are facts in favor of the limitations of the virulence of the malady.

With regard to the detection of the disease in the beginning of the course, I must confess that our resources are circumscribed, and that, at this stage, the history and symptoms bear an equal if not a greater weight than the physical signs upon the results of our examination.

In the treatment of pulmonary consumption we have two factors to consider, namely, the predisposing and the exciting causes, and one is as momentous in its effects as the other.

There is a truism common to all living things from the lowest to the highest; existence cannot long continue without food, and the food of the tubercular bacilli are the debased blood and tissue which have been inherited or acquired. To mitigate a baneful inheritance and to regenerate a vital decadence are the indications on one side, while, on the other, the bacteria not only must be deprived of sustenance within, but also actively pressed to extermination outside of the human organism. It seems to me, at this epoch of things medical, a mistaken and too hasty a generalization to conclude that, after the bacilli have entrenched themselves in the system, that their destruction can be accomplished without, at the same time, destroying their entrenchment. First, then, comes the subject of inheritance, about which a strange lethargy appears to have settled upon mankind. The stupid disregard that is still shown by many to the entire physiology of animal life is only excelled by the appalling consequences that overtake the innocent martyrs to parental negligence. A man with a tubercular family history, and possibly a

phthisical diathesis, should be made to understand that he is a potential source of much sorrow and misery if he selects for a wife a woman with a similar record and constitution. Contrariwise, an intermarriage with a family free from all such predispositions will do not a little to curb that downward tendency. Therefore a child with good blood for a legacy, even from one parent, has every reason to expect immunity from the disease, if he is reared intelligently. Such children must be properly clothed, very carefully fed, and encouraged to spend the greater part of their daily life in the open air, and not in the too frequently ill-ventilated school-room. Probably nothing is more conducive to the complete renovation of the inner man than horseback riding. Vocal gymnastics is another useful exercise for the same object. And the regular practice of deep breathing with closed mouth out-of-doors, for both children and adult, while the blood-stream is coursing through the veins, is a purifier that is equalled by no drug in existence.

The necessity of destroying the expectoration of consumptives is imperative, because the dry sputa still contain bacilli in great numbers, which lodge in every corner and cranny of a house, whence they are stirred up and inhaled by the patient as well as his associates. While rigid adherence to a thorough disinfection of all clothing and utensils exposed to contamination will reduce the danger of close companionship to a minimum, nevertheless, the only absolute safety lies in segregation; seeing that to occupy the same bed, or merely the same sleeping-room with a sufferer from this disease is to court a similar fate if not to insure it.

Our legislators would do well to investigate an impending danger from the laxity in the inspection of cattle and milk, for upon the nature of the food-supply depends the health of the citizen and the welfare of the commonwealth. In fact, the old saying that an ounce of prevention is worth a

pound of cure has lost none of its significance in the developments of bacteriology.

Although we have no drugs that will cure pulmonary consumption, yet we are in possession of many useful remedies for its trying symptoms. And, dealing with the disease, it is of primal consequence to keep in view the goal for which we may reasonably strive, namely, to elevate the tone of the tissues and the fluids that bathe them to a sanitary pitch, where they themselves are the best of germicides. Bacteria do not thrive upon such nourishment.

An explanation of the fact that rapidly gained fatness is not always attended by a like increase in the strength of a phthisical subject is found in the statement that this kind of accumulation implies physiological impoverishment, and, associated with it, there is often a deposit of oil in the tissues, where there should be more highly vitalized elements. That is to say, obesity is accompanied by more or less fatty infiltration, if not degeneration.

Migration promises much for a patient, but I desire to distinctly state my belief that there is nothing which can be deemed specific in any climate. Moreover, what special influence certain regions will have upon the individual cannot be foretold with that precision often attempted by the over-confident practitioner. To be sure it does not appear unreasonable to suppose that a mild sedative atmosphere is best suited to a delicate, highly nervous organization, which naturally shrinks from the all-important out-door life in the low temperature of the highlands; and contrariwise, a vigorous, phlegmatic subject of tuberculosis in its early stage would do well in the clear, cold, bracing weather of a mountainous country. But, notwithstanding all this, experience produces very anomalous results, inasmuch as one of the most remarkable recoveries from phthisis that I have known occurred in a charity patient at my clinic in the not over-salubrious air of New York.

Solar light and heat are the sources of all

life, and just in proportion as plants or animals are deprived of the sun's rays they become deficient in vitality. Consider, for instance, the low grade of human development in the Arctic regions. A majority of the natives are so busily engaged in converting food into the heat essential to simple existence that all higher physiological and sociological evolution is dwarfed by the struggle. The stimulating effects of cold, combined with the all-vital sunlight, is undoubtedly of benefit to those sufficiently vigorous to respond to the stimulation. On the other hand, the balmy air of a more temperate zone, also purified by these life-giving rays, is not infrequently best constituted to restore the lost strength of sufferers from consumption. Hence we find that some improve in a cold, others in a warm climate, and there is no tangible reason because one person prospers in a place that another will have the same experience. Even the dampness of a sea-voyage, provided the ship is well ventilated, does not outweigh the benefits of unlimited pure air. Still, I would enter my protest against the indiscriminate sending of patients from home and its comforts. The annoyances of travel, and the depressing effects of an enforced absence from one's fireside, often-times hasten rather than retard the onward progress of a malady already, perchance, too far advanced toward a fatal termination. Furthermore, banishing a patient to some place barren of everything but climate not infrequently defeats the purpose of the change, so slight is the opportunity for suitable diversion. And now and then consumptives are demoralized beyond measure at sanatoria by daily contact with those suffering with the same complaint.

In conclusion, let me briefly reiterate what I have been endeavoring to prove, phthisis pulmonalis is an infectious disease, only the soil must be fertile or the bacteria will not take root and grow; that the inheritance of the affection is simply the descent of the degraded cells presenting a

vulnerable point for a possible encounter with the vagrant germs. That all specific treatment is futile, in view of our present knowledge; and though persistent destruction of the infectious matter is our best means of prophylaxis, yet to restore the vitality of the lung-tissue is as important as to destroy the tubercular bacilli. And, moreover, not a few cases of phthisis have a self-limitation, which is a comforting thought for whoever is afflicted, while, at the same time, it is a disquieting reflection for the numerous noisy advocates of the very latest unfailing remedy.—*Gaillard's Medical Journal*.

THE TIME FOR SURGICAL INTERFERENCE IN ACUTE INTESTINAL OBSTRUCTION.

In the paper on intestinal obstruction Dr. Keene insists on the necessity for earlier surgical interference than has usually been practiced, especially in country districts. Dr. Richardson (*British Medical Journal*) summarizes his views on this subject as follows:

1. In all cases the use of milder measures, such as purgatives, enemata and massage, may be safely carried out until the supervention of faecal vomiting.
2. As soon as this is established an exploratory incision into the abdomen should be made without delay.
3. Obscurity of diagnosis in presence of this symptom ought not to stand in the way of an operation.
4. Clinical experience has taught that there is very little chance of recovery when once stercoraceous vomiting has begun, unless an operation be performed.
5. Symptoms of collapse are not a contra-indication to operative interference.—*Canada Lancet*.

PRESERVATION OF CAT-GUT LIGATURES.

Professor Gross is not at all in favor of carbolic oil as a preservative of cat-gut ligatures, claiming that it merely forms a nidus for germs. He recommends putting the animal ligature in a weak chromic acid solution and glycerine for about a week, and then placing in the following mixture until needed.

R.—Alcohol part 15.
 Glycerine part 1.
 Acid carbolie 10 p. c.

M.

The placing of the cat-gut in a 1-1000 corrosive sublimate solution, just before using, makes it soft and pliable.

Society Proceedings

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Regular Meeting, June 13th, 1890.

DR. ARMSTRONG, PRESIDENT, IN THE CHAIR.

Present: Drs. Reed, Allan, Kinloch, Kirkpatrick, Shepherd, W. Gardner, Jas. Stewart, J. Gardner, Proudfoot, Laphorn Smith, Birkett, Jack, Evans, McCarthy, Telfer, Jas. Cameron, J. A. Macdonell, Spendlove, E. Blackader, Schmidt and Campbell.

After reading of minutes of last meeting, Drs. Telfer and O'Connor were elected members of the society.

Pathological specimens. Dr. Armstrong showed the specimens from a case of ulcerative appendicitis resulting in perforation, peritonitis and death. The patient had always complained of dysmenorrhœa, and on Tuesday when she began to suffer from pain in the lower part of the abdomen it was supposed to be due to this cause. It continued to increase, and on Saturday for the first time the pain began to be localized in the right side, and there was considerable tympanitis. On Sunday she was much better, but on Monday the symptoms became much more serious, the temperature rising to 103 and the pulse to 140. At half-past three on Monday she was in a state of collapse, and the abdomen was opened as an exploratory measure. Fœcal matter was found in the peritoneal cavity, and near the appendix there were found several concretions about the size of beans. The neighboring intestine was in a state of gangrene. The patient died shortly afterwards.

Dr. Shepherd called attention to the fact that there had been no rise of temperature until just before death, and he stated that the temperature was of very little service as a guide to the extent of peritonitis, some patients dying without the temperature ever rising above normal. Neither is the absence of pain an evidence that all is going well.

Dr. Johnson showed two large fibroid tumors of the breast sent from Jamaica. He remarked that the usual fibroids of the breast were nodular, but in this case the structure was uniform. The smaller tumor was firmer than the larger, which he thought was due to its being older and in process of retraction. He also showed a rather rare form of fibroma of the breast removed by Dr. Shepherd, in which the fibroid structure had grown into the glandular structure instead of between it as in the first case. 3. A specimen of perineuritis of the vagus nerve. There was atrophy of the medullary sheath on the affected side, showing that it was subacute and had lasted some time.

Dr. J. C. Cameron then read a paper on a

case of labor complicated by a uterine fibroma as follows:—Uterine myomata or fibromata are common enough in the non-pregnant, and of late years the attention of gynecologists has been prominently directed to the symptoms, diagnosis and treatment of these tumors by the controversy going on between the followers of Apostoli and Tait. Obstetricians do not so frequently meet with these tumors, and it is rare for labor to be impeded or seriously obstructed by the presence of a cervical myoma. In pregnancy their injurious influence depends mainly on their size and situation. If subperitoneal, small and situated near the fundus they do not usually affect the course of gestation and labor to any appreciable extent. They grow as the uterus grows and involute as it involutes. If interstitial or situated in the fundus or body they are very apt to cause abortion or predispose to hemorrhage or to rupture of the uterine walls. If cervical in about half of the cases the tumors are pedunculated and may be easily removed or pushed out of the way during labor, but if interstitial and large they not only offer a mechanical impediment to the advance of the child, but are besides subjected to much pressure and strain and are liable to slough or break down after the termination of labor, subjecting the mother to the dangers of septic absorption. The case I submit to you this evening is one of interstitial fibroma of the cervix, seriously delaying and impeding labor, destroying the life of the child and eventually that of the mother. There are several interesting points in the matter of diagnosis and treatment to which I would invite your attention. Mrs. C., aged 28, was admitted to the Montreal maternity on the 19th of April, 1890, in active labor, recommended by Dr. Molson, under whose care she had been. The family and personal history was good. Menstruation established at the age of thirteen, regular, painless and not too free. Last menstrual period concluded 20th of August, 1889. With the exception of slight morning sickness she enjoyed good health till the latter part of January, when she began to feel generally out of sorts, but had no local symptoms. On the 1st of February she went to Ottawa by rail, and felt very much shaken up by the jolting of the cars, and complained a good deal of abdominal pain. On her return the abdominal pain continued, and she began to feel restless and uneasy at night; one cold night she had to get up and walk around the room to obtain relief. Next morning she felt severe pain in the right iliac region, and noticed a small swelling there which was tender to touch. The swelling, pain and the tenderness in that place continued from that time to the onset of labor. About the end of March she began to suffer from occasional attacks of vomiting and from a short hacking cough, which caused her much annoyance and disturbed her sleep. The foetal movements

were quite distinct. About the 15th of April the abdominal pains increased in severity and she got very little sleep. On the 18th, about six p. m., the pain became very severe and almost continuous. On the 19th, about six a. m., a quantity of liquor amnii came away and the continuous abdominal pain became almost unbearable. For four nights she had scarcely slept and for seventeen hours the uterus had been in a state of almost constant contraction, and she was consequently very weak and exhausted. The abdominal tumor was prominent and somewhat irregular in outline, the uterus was in a state of tonic contraction and very sensitive to touch. Palpation under such circumstances was not only inexpedient but useless. The foetal heart sounds could not be heard. By vaginal examination no presenting part could be made out. The undilated os was high up, almost out of reach, although there was no contraction of pelvis. The bladder and rectum having been emptied, a draught of liquor opii sedativus, 25 minims, was administered. During the afternoon she dosed frequently and retained a quantity of milk and beef tea. By evening the os could be reached somewhat more easily and admitted the tip of one finger, but was still too high for any presenting part to be made out. A draught of liquor opii sedativus, 15 minims, was given every four hours during the night, and she rested fairly well and retained a good deal of nourishment. On the 20th, at 10 a. m., the os was a little more dilated, but still high up; a presenting part could be felt but not diagnosed. The uterus was less rigidly contracted and a foetal outline could be indistinctly made out high up on the left side. On the right side below the level of the umbilicus indistinct fluctuation was found. A slight sulcus or depression seemed to run obliquely across the anterior surface of the uterus from the right border to about the level of the umbilicus to the middle of the symphysis. To the right of this shallow sulcus fluctuation could be felt; but to the left none. The uterine muscle was still in a state of chronic contraction making palpation difficult and unsatisfactory. The opium was continued and administered as freely as possible. At four p. m. the condition of things was practically unchanged. At 3.15 p. m. the pains became much more severe, the os suddenly dilated, and the head, very much blackened and compressed, came rapidly down and the child was born spontaneously at 8.50 p. m., 251 days from the cessation of menstruation, fifty hours from beginning of violent labor pains. The child was a female, well nourished, weighing six pounds. The bones of the head were very movable and overlapped considerably. A long wedge-shaped caput succedaneum occupied the vertex between the anterior and posterior fontanelles. Notwithstanding the birth of the child the abdominal tumor did not seem

to be much reduced in size. But the oblique sulcus on the right was more weakened and fluctuation more evident. The cervix still remained very high up; on passing in two fingers a fluctuating mass extending almost as low as the external os was felt bulging from the right side, the left side of the cervix seemed normal. Distinct fluctuation could be made out between the fingers inside the cervix and the external hand at the level of the umbilicus at the right. By careful palpation the tumor was found to occupy the whole of the right iliac fossa and more than half the brim. It extended as high as the umbilicus and as far as the middle line to the left, pushing the uterus upwards and to the left. The placenta which was attached to the fundus was expelled by the Crede method without difficulty. A hot intra-uterine douche was given, and then the well contracted fundus could be felt on the left a little above the upper border of the tumor from which it was separated by a deep sulcus. There was no hemorrhage and the patient passed a comfortable night, taking nourishment freely at intervals. On the 21st, at 3 a. m., temp. 100; p. 120, she complained a great deal of flatus and her hacking cough. A turpentine enema gave some relief, but during the day the flatus increased, the cough became more distressing, epigastric pain and vomiting set in. At 1 p. m. temp. 101; p. 160. Dr. Gardner saw her in consultation during the afternoon.

The chief points of interest in the case are:—

1. The rapid growth of the tumor. The patient's health was good till the end of January. Then she began to feel out of sorts, and towards the end of February after a railway journey, which distressed her very much, she first noticed a swelling in the right iliac region, painful and tender to the touch. In seven weeks it had grown so as to block up the right side of the pelvis, fill up the right iliac fossa and extend on the right side of the abdomen as high as the umbilicus.

2. Rapid degeneration. Originally solid it began to break down in the centre, probably at or shortly before the onset of labor, fluid formed so rapidly that it bulged into the crevix and fluctuation could be made out externally, and by combined external and internal palpation.

It is not clear whether degeneration began before labor and whether the hacking cough, vomiting and sleeplessness during the last few weeks are in any way attributable to systematic poisoning by the absorption of the products of degeneration.

3. Effects of the tumor on pregnancy and labor. It did not affect the development of the foetus, which was large and well nourished, it probably helped to excite uterine action prematurely and bring on labor four or five weeks before time. When labor set in, irritation of the tumor made uterine contractions tetanic in

character, and the child soon perished from asphyxia. It afforded a mechanical impediment to the descent of the foetus while the os was undilated and the cervical tumor lay over the right half of the brim. When the tetanic contractions were somewhat relaxed by opium, the cervix and lower segment were slowly taken up into the cavity, the os opened and the uterus so to speak piled itself up over the child. The tumor was pulled up along with the cervix, and thus so much displaced from the brim that the wedge-shaped head slipped past it and labor was speedily terminated. There was no hemorrhage during or after labor which points to the cervical origin of the tumor; the presence of the tumor not only did not prevent the firm contractions of the uterus after being emptied of its contents, but even stimulated such contractions.

Diagnosis. A positive diagnosis was impossible. The liquor amnii had been some hours away, the uterus was in a state of tonic contraction moulded about the contour of the child, sensitive to touch, and still more vigorous contractions following any attempt at palpation. The patient was a primipara vagina narrow and long, the undilated os almost out of reach, so that very little information could be gained in that way. As the violent uterine action yielded to opium fluctuation could be felt on the right side quite distinct and separated from the main portion of the uterus. At once this suggested the possibility of a twin pregnancy with two distinct amniotic sacs. One sac remaining unruptured and preventing the descent of the child from the sac which had ruptured and dissipating the force of an exhausted and irritated uterus. Pregnancy in the horn of a bicornate uterus or in a double uterus would not explain the absence of any presenting part at the brim. The tumor was too low for an ovarian tumor and seemed too soft and fluctuating for a fibroid.

Treatment. When she entered the maternity weak from want of food, exhausted from want of sleep and continuous violent uterine action for seventeen hours with the liquor amnii away, the os undilated and out of reach and the uterus in a state of tonic contraction, the case seemed very grave. As might be expected the foetal heart sounds could not be heard; such violent uninterrupted uterine action would very soon asphyxiate the foetus. So that in deciding upon a line of treatment the mother's interests only had to be considered. Any attempt to deliver artificially by forceps or version or to reduce the bulk of the child by embryotomy was out of the question, the os being undilated and out of reach. The choice of means lay between Caesarean section and an expectant treatment with full doses of opium and liberal feeding. The patient's condition was unfavorable for section, and moreover her child was probably dead. The statistics of section in such cases are very

bad owing to the exhausted condition of the patient before the operation can be performed.

Dr. Wm. Gardner then stated that he was called in consultation to the patient referred to by Dr. J. C. Cameron, and after careful examination advised that abdominal section be performed at once. At 7.15 p.m. the patient was etherized and after the abdomen had been carefully scrubbed, an incision was made six inches long and the abdomen opened. A quantity of peritoneal fluid escaped. The tumor was found to be semi-solid, sessile and incorporated with the uterus and larger than a foetal head in size. It was decided to remove the uterus as the tumor could not be separated from it. The whole mass was then brought out through the wound, which had been enlarged, and a trocar plunged into it, when a quantity of semi-purulent fluid escaped. An Esmarch was then applied to the cervix and a serre noeud was applied over it and tightened, and the whole mass was cut away above the wire. Two pins were then fastened through the stump and the ends covered with a flat piece of metal. The sponges were then removed from the peritoneal cavity and the whole washed out with warm water. The wound was then closed and two glass drainage tubes left in, one in Douglas pouch and the other in the cavity left by the tumor. At 8.45 p.m. the patient was put to bed and hot bottles placed around her. Hypodermics of brandy had been administered during the operation, and an enema of brandy and six ounces of beef tea were given. The patient gradually became conscious, but remained very weak and in a state of shock. She coughed a good deal throughout the evening. At 9.30 the contents of the drainage tube were withdrawn by means of a glass syringe and a rubber tube, amounting to about an ounce bloody fluid altogether. At midnight another beef tea and brandy enema was given which was only partly retained. The patient gradually sank and died at one a.m., the temperature before death rising to 105. The trocar opening was enlarged, and the finger thrust into a large cavity containing thin purulent fluid and a nodular mass could be broken up without much difficulty. This was enucleated as thoroughly as possible, a serre noeud was applied as low as possible around the mass, and a large sized drainage tube inserted into the cavity whence the tumor was enucleated. The transfixing pins were applied and the mass amputated, through the pedicle thus formed projected the end of the glass drainage tube which was thus constructed by the serre noeud. The cavity drained by this tube extended to the floor of the pelvis between the folds of the right broad ligament to point on a level with or perhaps a little lower than the external os uteri. The peritoneal cavity was washed out and the sutures in the abdominal wall being so applied as to surround the stump. A long median incision from umbilicus to pubes being made, and the hand

being introduced the impressions received from external palpation were confirmed, a shallow sulcus or depression separating the tumor on the right side from the fundus of the uterus. On it being traced towards the pelvic brim the uterus and tumor were found to completely fill the space. The incision was extended upwards and the fundus uteri and tumor turned out. As the tumor fluctuated a trocar was thrust into it, and a quantity of sero-purulent fluid escaped.

Discussion. Dr. Laphorn Smith said that the ground had been thoroughly gone over by Drs. Cameron and Gardner, and that there remained very little to discuss. He had had a rather large experience with fibroids and he had found most of them to be in women who were either unmarried or who if married were sterile. This was probably due to the fact that very soon after the appearance of a fibroid the mucous membrane of the uterus becomes so diseased that it was not fit to nourish the ovum, and partly because there was generally mechanical obstruction to the entrance of the semen. He had, however, seen several cases become pregnant and the pregnancy terminated happily. He was opposed to interference in the majority of cases, the experience of those who had interfered not being encouraging. He did not think that the liquid which was found in the cavity of the tumor was due to breaking down, but that it was rather due to distention of a lymph space. It was a common thing in fibroids of any size to find accumulations of fluid in the peritoneal cavity. He thought that this was due to pressure of the tumor on a large vein, in other words to exudation from mechanical obstruction.

Dr. Johnston also thought that the fluid was due to distention of lymph spaces, as there had not been time for degeneration to have taken place.

Dr. Cameron thought that the reason why women with fibroids were so often sterile was that they aborted almost immediately, such abortion being mistaken for a prolonged period.

Dr. Gardner remembered three cases of women with fibroids being delivered. The first was the wife of a medical man, who was delivered prematurely. She had intense after-pains. All went well during a fortnight, when what appeared to be a period came on with very severe pain. She had a rigor, and the case seemed so urgent that an operation was decided upon. The tumor was removed piecemeal by the vagina and the uterus was kept aseptic by almost constant irrigation, and she recovered. The second case was a patient of Dr. Gurd, who had several sub-peritoneal fibroids, and who was successfully delivered at seven months by a midwife. The third was a patient who was delivered at full time. Several large fibroids which were in the way were pushed up out of the pelvis up into the abdomen, but the patient died half an hour afterwards from internal hemorrhage.

Progress of Science.

THE APPLICATION OF THE PRINCIPLE OF SELF-HELP AND SELF REGULATION TO THE MEDICAL PROFESSION OF THE STATE.

BY GEO. HOMAN, M. D.,

Secretary State Board of Health of Missouri, St. Louis, Mo.

(Read before the Missouri State Medical Association.)

It must have occurred to every one who has given serious thought to the subject that the time is ripening for another forward movement on the part of the physicians of the State; when a further advance in legislation may properly be demanded on behalf of our profession; when the beneficial fruit of wise enactments may be secured greater than is now possible, even if the administration of the present law regulating medical practice had never been hampered and beset by divers hindering causes and circumstances, that are so well known to many members of this Association that no statement in detail is now necessary.

That the profession in its forward progress has not realized all the benefit possible to be derived from the present law during the nearly seven years of its existence is true; this has been because difficulties and obstacles early arose that could only be overcome and removed by time and patience, but the practical demonstration of the full possibilities of such a law, ably administered for a period of nearly thirteen years, has been witnessed in a neighboring State, so that profiting by the experience of others and knowing very nearly its metes and bounds, its strength and weakness, we in this State can, if we chose, so shape and order our future course as to avoid the elements of weakness and keep safely the elements of strength found in existing legislation.

It would appear therefore to be the part of wisdom and prudence if a further advance step shall be resolved upon to consider in what direction lies safety and prosperity—how the profession in the largest sense may be most benefitted.

As I view the matter there is no choice of paths—the only true course lies plain before us, and it is in a direction in keeping with all the traditions of our political system, and accords fully with the exercise and enjoyment of rational freedom and widest liberty. This course, therefore, is advised rather than to take the chances of continuing under our present law with the eventual likelihood of having in the end to face the untoward possibilities and detrimental contingencies that are a part of the very fibre and woof of its substance; for in this case, in the

light of others' experience with a law almost identical, we can truly "look into the seeds of time and say, which grain will grow, and which will not."

The disadvantages that arise from having duties so various and dissimilar as those relating to sanitary matters and those concerning the regulation of medical practice committed to the same official hands have very forcibly arrested the attention of the present members of the State Board of Health, and they may have been made to feel that the public health affairs of the State would be better cared for by the legislative power, and the interests of the medical profession placed on a more fit and surer footing if these duties and functions were absolutely divorced and their administration separately provided for.

A principal element of weakness in State Boards of Health, to whom is confided this double duty is to be found in the manner of their creation and perpetuation, they have their springs in political sources howsoever hidden these may be, being always to a greater or less degree the outcome and expression of political feeling and action manifested through the legislative and executive departments of the State governments; and in the course of their existence complications seem inevitably to arise which cripple their usefulness that may be traced to their root in the false principle of their inception and foundation.

Not restriction, not supervision or regulation by the State, but a wider liberty should be demanded by physicians, the right to regulate themselves, to administer the affairs of their own profession in their own way, through and by representatives chosen by themselves.

A criticism that may readily and with justice be made concerning a body created and constituted as is the State Board of Health, not only in this but in other States, is that the appointing power, although acting in the best attainable light and with the very best intentions, may yet fail to make selections for such positions that are truly representative and acceptable to the body of the profession; hence, luke-warmness on their part in the support accorded to such an official body, or even positive hostility may follow.

This objection may be raised against any method devised for the appointment and confirmation of any body having official relations to the medical profession, into which any political considerations may enter, the common consequence may be that any given action taken or result reached will not be a true reflex of the will of the profession concerned.

If this much be conceded with regard to existing conditions and a change demanded the next step in order is to find a practicable remedy one that will keep and save all the good that has been gained under the present law and will at the same time always avoid the great danger of

discomfiture or catastrophe in the operation and outcome of that law, as shown by experience elsewhere.

As a suggestion to this end the Annual Report of the State Board of Health for last year is as follows:

"As a means of avoiding this objection and relieving the Board of all duties save those of a purely sanitary nature, and as a measure of justice to physicians, it is suggested that the entire matter of regulating medical practice and education in this State be placed exclusively in the hands of the medical profession.

"This may be done by the enactment of a law authorizing the incorporation of the medical profession including every legally qualified member in the State, with the right and duty to elect, under suitable regulations a governing body out of their own membership, securing to all shades of medical opinion the right of proportional representation, and to which body would be referred for consideration and decision all questions relating to the regulation of practice, the requirements and standard of medical education, standing of schools, discipline of offenders, etc., etc.

"This course would lodge responsibility for the honor, advancement and attainments of the profession in the hands of physicians themselves; and howsoever high or low these respective standards might rise or fall they would correctly portray the condition, and truly represent the will of the profession, and all the consequent merit or discredit would attach solely to medical men."

This is the deliberately expressed view of the Board on this subject after some years experience and observation of the practical workings of the law, and it appears to me that many strong considerations impel to a further step in the way pointed out; it would be a move for self-government, a right dear to all free men,—it makes for medical autonomy, for the emancipation of the profession from conditions that are too closely linked to party politics and policies. While as a governmental procedure it is of the profession, for the profession, by the profession, it yet works no wrong to the public, but on the contrary would promote the general safety and welfare by making deliberately chosen representative medical opinion the judge of the moral fitness and professional qualifications of those seeking to offer their services to the people; and, if faithfully carried out, would guarantee a higher order of intelligence, a higher standard of attainment, and generally superior endowments on the part of physicians to come.

Although the relations and contact of physicians with the public may be closer in some respects than are those of other learned professions, and while the State has the undoubted right to demand and exact of them the performance of certain duties and services as tending to

the welfare of the whole, still there appears to me no more valid reason for the existence of a special statute for the government of doctors than there is for the regulation and restriction of lawyers or clergymen. Physicians should be as capable of self-help and self-regulation as are the members of any other profession, and the right to do so should be asserted and maintained under all circumstances.

I shall leave to others the task of marshaling the arguments against the principle herein advanced and the step recommended, if any sound arguments or reasons to that end can be found. To me there are none other than the common objections of a do-nothing, let-alone policy that seldom fails to be heard when progress is demanded.

The principle of self-help and self-regulation as here and now set forth is by no means a new one; in a more or less modified form it is to be found in practical working shape on this continent, in certain parts of which it has been in existence with the best results for a number of years.

But aside from the fact that it has been tried and found successful it should be accepted and supported because it is the right principle to pursue in this matter, as I am fully persuaded, and should advocate it on that ground alone but would have been glad to see the physicians of Missouri the pioneers on this continent in such a progressive movement.

As it is the medical profession of the State can if they wish, by moving in the direction indicated, take rank with the foremost; the time for it draws near and the signs are promising; at the most its adaptation to the existing situation if authorized by legislation is a matter of mere detail and adjustment, and with the hope and confidence that the views herein expressed may find in every candid mind a substantial support, the matter is committed to the honest judgment, the calm consideration and sound discretion of this honorable body.

Drs. Shoemaker and Auld, in the *Medical Bulletin* April 1890, speaks highly of Belladonna in spasmodic neuroses of the air-passages (as asthma whooping-cough, laryngismus stridulus hicough, and similar disorders) in the form of atropine hypodermatically, or the fumes of burning leaves by inhalation, or as a good plaster externally. An active belladonna plaster will afford relief in angina pectoris. In chronic bronchitis with profuse secretion it reduces both the cough and the secretion. It is also useful in some cardiac neuroses, in colliquative diarrhoea, irritability of the bladder, and in collapse of the febrile state with great depression of the vital powers. When used for the relief of neuralgia the injections should be, whenever possible, in the immediate vicinity of the affected nerve.

THE CONTAGIOUSNESS OF THE PULMONARY PHTHISIS.*

The Paris Academy of Medicine recently held an earnest debate, in which some of its most distinguished members took part, on the subject of the contagiousness of pulmonary phthisis. The resolution offered by Dr. Villemin were overruled, and resolutions less clear and defined adopted in their stead. In a remarkable study on the subject, published by Doctor Cimbali, of Rome, the following conclusions were reached:—

1. Phthisis is a contagious disease, contact being the usual means of propagation.
 2. The vehicles of contagion of phthisis are the milk of tuberculous cows and the sputum of phthysical persons, and infection may be communicated by the gastro-enteric or the respiratory mucus membrane.
 3. The transmission of phthisis, as a specific disease, is rare, but the predisposition to contract it is frequent.
 4. All persons exposed to the action of the germs of phthisis are not liable, in consequence, to contract the disease. Those only who have a predisposition to it will be attacked by it.
 5. The most favorable conditions for contracting phthisis are: Youth a cachectic condition, constitutional or acquired debility, catarrhal affections of the respiratory organs, and the presence of phthisis in father and mother.
- Prophylactic measures should have a double object:—

1. To prevent the germs of phthisis from spreading freely and infecting healthy persons.
2. To increase the resistance of organisms predisposed to phthisis, and recommend the avoidance, as far as possible, of association with persons affected with tuberculosis.

Phthisis being usually a chronic affection and very general in some countries, the majority of persons affected by it being able to go about their usual avocations, often for a long period, without suspecting their condition, the progress of the disease, which is often mistaken for a simple bronchial catarrh, being very insidious, it is difficult, while fully recognizing the contagious character of the disease, to insist upon the isolation of phthysical persons. Society would not permit the isolation of from one-quarter to one-seventh of its members, nor would science venture to advise so stringent a measure, which, beside being an attempt against individual liberty, would be of difficult execution. Isolation is practicable only in hospitals.

Disinfection or destruction of the medium containing the germs of phthisis and constituting the vehicle of contagion is strongly recommended. Every phthysical person should

* Translated for the U. S. Marine Hospital Bureau (Abstract of "Sanitary Reports," June 6th, 1890), from *Le Journal d'Hygiene*, Paris, May 15th, 1890.

expectorate into a cuspidor. This cuspidor should contain water or a disinfecting liquid, and should be furnished with a cover. The sputum should be destroyed by heat, and the vessel cleansed with boiling water. There are other preventive measures which are important, but of difficult execution. These are :—

The disinfection of all articles that have belonged to a phthical person before they are used by a healthy person. Houses in which phthical subjects have lived should be rigorously disinfected before occupation by healthy persons. Milk from cows known to be tuberculous should not be used as food before being boiled. If these means were employed the agents of phthisis would be less widely disseminated and the disease would consequently be less frequent.

All persons predisposed to phthisis should as far as possible avoid places in which the disease may be contracted (colleges, barracks, workshops, etc.). The children of phthical persons should not live in the house with their parents.

As most persons predisposed to phthisis offer feeble resistance, and a vigorous, robust organism is a soil little adapted to the growth of the bacilli of phthisis, all possible precautions should be recommended, and hygienic and therapeutic rules, the object of which is the improvement of nutrition and the building up of physical strength, should be carefully indicated.

Phthical subjects, if young and descended from phthical parents, should have occupations which permit them to pass the greater part of the day in open air. A simple and regular life, plain and substantial food, a country life, hydrotherapy, gymnastic exercises, excursions in the mountains, etc., are to be recommended for building up the strength of consumptives. It is indisputable that if the measures, general and individual, recommended as preventive of the disease were adopted, the number of persons attacked by phthisis would be greatly diminished. Unfortunately phthical persons live the ordinary life and disseminate the germs contained in their sputum. Physicians should strongly recommend the prophylactic measures suggested by science and experience, and insist upon the danger of their non-observance.—*College and Clinical Record*.

SWELLED TESTICLE.

One of the best local applications for swelled testicle is a poultice composed of one part of tobacco to four of linseed meal. The meal furnishes heat and moisture, while the tobacco usually relieves the pain in a short time. This same poultice is very soothing when applied over the pubes in cystitis.—*Kansas Medical Journal*.

REMOTE EFFECTS OF OVARIAN OPERATIONS.

Within very recent times more than one leader in abdominal surgery has raised his voice against the vast array of ill-considered ovarian operations reported in our medical journals. The technique of oophorectomy has been so thoroughly systematized that in itself it is now one of the easier surgical operations. A first successful abdominal section seems to have the same effect upon an operator as the taste of blood upon an Indian tiger. A thirst insatiable is aroused, and life is spent in the search for new victims. Cases running into double and triple figures are cited where all the worst features of the most stubborn nature have disappeared as though the surgeon's knife were gifted with the power of an enchanter's wand. In the hands of experienced operators the death-rate is rapidly approaching the vanishing point. The temptation is great, then, in obscure cases, stubbornly resisting the ordinary means of treatment, to advise and practice a procedure attended with such brilliant success. There can be no question of the sincerity of those most progressive in this department of surgery, nor can their statements in regard to the results obtained be questioned. It must be borne in mind, however, that these results are observed a few weeks or a few months after the operation. As the probability of life is, for the patient, often from twenty to forty years, the query at once suggests itself: Are these results lasting? Is the patient's condition definitely and permanently bettered? Will she continue to look upon the operation as a blessing which has converted a miserable existence into a life of comparative or absolute health and comfort? That this is frequently the case is conclusively proven by reported cases. That it is so constantly the case as to constitute a justification for this operation in the absence of urgent and direct symptoms remains yet to be proven. In this relation the paper of Glaevecke (*Arch. f. Gyn.*, Bd. XXXV, H. I.) is most timely. He states that in nearly all cases where the ovaries were removed the mental condition was decidedly affected, in many instances a condition of melancholia being produced.

Writing upon the same subject, Coe alludes to the frequency of persistent cerebral hyperæmia, of ovarian psychoses, and even of active insanity, all well recognized as sequelæ of this operation. He also calls the attention to the number of cases in which adhesions, consequent upon oophorectomy, have produced such marked pain and interference with function that the possibility of this complication should make the surgeon hesitate before advising the knife.

The fact that many of these operations primarily fail of their purpose must also be recog-

nized. Now that the army of unsexed women has reached such formidable proportions, there are probably few practitioners who have not witnessed scenes of domestic infelicity productive of more misery than any amount of physical suffering.

It is, we believe, by a careful study of the remote sequelæ of these operations, by a consideration of the many unsuccessful cases, by a knowledge of the effect of such mutilation upon domestic relations, that the operator will be guided in pursuing a wise and temperate course.—*University Medical Magazine*.

SUBMUCOUS RESTORATION OF CARTILAGE IN DEVIATIONS OF THE SEPTUM; A NEW OPERATION.

BY JOHN B. ROBERTS, M. D., PHILADELPHIA, PA.

There are cases in which simple division of the nasal septum, with the use of pins to hold the divided partition properly in place, is not efficacious, because the cartilage contains too much tissue to be held in a straight line after its abnormal curves have been corrected. It is easily understood that, since the shortest distance between two points is a straight line, a curve or bent septum forced into a straight line by dilation of the nostril or by incision, has a tendency to reproduce the curvature within a few weeks after the operation. In such cases it is usually necessary to remove a portion of the septal cartilage, if permanence is to be given to the straight position obtained by the operation. This is sometimes done by excision of a portion of the septum by means of a nasal punch or a knife, thus leaving an opening between the two nares. The operation which I describe, and which is a resection of the cartilage beneath the mucous membrane, makes no opening between the two nares, and yet gets rid of the surplus septal tissue.

The operation should be commenced by dilation of the occluded nostril with the finger or a pair of dilating forceps; the mucous membrane covering the septum of the occluded side is then incised by means of a blunt tenotome. The incision should be a long curved one, with the convexity towards the floor of the nostril, and should be commenced as far back as is necessary to make a flap large enough to uncover the curved piece of cartilage. A flat, dull instrument is then slipped under the mucous membrane and used to separate this membrane from the triangular cartilage and vomer. A finger in the opposite nostril gives rigidity to the septum during the manipulations. After the large flap of mucous membrane has been elevated, a blunt-pointed tenotome is thrust under the mucous membrane, which hangs down like a curtain, and is used to cut out an elliptical portion

of the cartilage corresponding in size with the angle or curve in the deviated septum that the surgeon desires to remove. During this stage of the operation the little finger of the other hand in the opposite nostril is used to prevent perforation of the mucous membrane in the nostril opposite that of the operation. A blunt instrument is then thrust through the incision in the cartilage, and used to separate the portion of cartilage, which is to be taken out, from its mucous membrane on the side opposite the occluded nostril. The elliptical piece to be resected is then lifted out with forceps and the large flap of mucous membrane permitted to drop in place like a curtain. One or two sutures of catgut may then be put in the mucous membrane at the anterior portion of the wound in order to hold the flap in place.

The operation is readily performed and seems to be a distinct improvement in nasal surgery. So far as I know it is novel.

My observations have led me to believe that a great many cases of crooked nose or occluded nares are not due to fracture or congenital deformity, but to interstitial growth of the septal cartilage. It is impossible to increase the area of a partition situated between fixed borders without causing the partition to assume a curve. The triangular cartilage cannot extend upward, downward, or backward, because of its margins in these directions being fixed, hence, when it increases in area by abnormal growth it assumes curves and distorts the anterior portion of the nose.

I have recently operated upon a case in which the crookedness of the nose was very marked, and had been increasing within the last few years. In this case it was quite evident that the deformity depended upon a double curve of the septal cartilage, which was apparently due to abnormal interstitial growth.

Submucous resection of the cartilage is, it seems to me, a good method for relieving many cases of nasal deformity. The removal of angular or curved portions of cartilage without cutting away the mucous tissue is an operation giving rise to no great hæmorrhage, although, of course, the bleeding is free.

I show to night an elliptical section of cartilage the result of an operation done by this method. In this case, as the members will see I cut out a portion of the bone as well as of the cartilage, and I subsequently removed another small piece of bone at the back part of the nares, by using a saw pushed under the mucous flap. The small portion of bone attached to the elliptical strip in the specimen was removed by the incisions made with the tenotome. The anterior portion of the bone of the septum is so thin that it is easily cut through with a tenotome.

The relief of nasal obstruction was immediate and very satisfactory in this case.—*Weekly Med. Review*, St. Louis.

THE RELATION OF MASTICATION TO PHYSICAL DEVELOPMENT.

Everything which influences the health of the people is of interest to physicians, and no question more important than dietetics could engage the attention of such a representative body as the American Medical Association. No one could understand the powerful influence which improper food is capable of exerting upon physical structure and development so well as they, and this subject deserves the special study of American physicians who are desirous of seeing a healthy and vigorous race grow up in this Western Hemisphere. De Toqueville said that the white race in this continent is doomed to extinction. If this ever comes true, it will be because of the long continued neglect of some of the simplest rules of physiology.

That there are at the present time a large number of adults with imperfect teeth is a well known fact. Poor teeth means poor mastication, poor digestion, poor health and poor physical development. The early loss of teeth among the people of this country is explained by the unscientific habits of feeding generally practiced among young children. When the infant is brought up on pap and pre-digested foods the function of mastication is not required. As a result of want of use, the jaws imperfectly develop; the arch is narrow and the teeth are crowded and irregular. Nature does not reduce the number of teeth, but she attempts to force thirty-two teeth into jaws that have only room for twenty-four, and the quality of the teeth is not up to the standard, so that they readily commence to decay. When the child has grown up, it is too late to prevent the mischief. The decay of teeth is more due to insufficient nourishment than to injury or decay of the enamel.

The rational means of preventing the state of affairs just referred is to commence early, an give the child food that requires mastication. The result will be increased function of the gums, teeth and salivary glands, and of the masticatory muscles, and the full development of the lower part of the face, with a corresponding improvement in the appearance of the man. In the average family the questions of diet are relegated to the cook, whose duty seems to be to provide food which is so soft as not to require to be chewed, and is accompanied by large quantities of coffee, or tea, or ice-water, which takes the place of the salivary secretions. The evil effects of this system of feeding can be seen on every hand. The remedy suggests itself.

Mastication is the most important step; by it the food is reduced to a pulp and is thoroughly incorporated with saliva. The act of chewing also stimulates the flow of the gastric juice, and is necessary to perfect stomach digestion. General health of the body intimately depends upon digestion and assimilation of sufficient food of pro-

per character, but no matter how a man regulates his diet he cannot altogether overcome the evils of his early training in this direction. Just here we are confronted with a danger which strikes at the very life-blood of the nation, and is already sapping its strength,

If the proper care be observed in rearing children and giving them sound wholesome food requiring the use of their masticatory muscles, there is no reason why a superior race of men might not be developed, just as we raise the fastest horses and the finest cattle in the world. The appeal is made to physicians especially, to see that the glorious birthright of the American citizen is not bartered away for a mess of pottage or other soft food.

By pursuing the plans adopted by the ancient Greeks, we might not only equal their achievements, but even surpass them in physical development and personal beauty.—Dr. E. A. Wood, in *Dietetic Gazette*.

TREATMENT OF EXOPHTHALMIC GOITRE.

Dr. E. C. Seguin (*N. Y. Med. Jour.*) says;

The usual treatment by iodide of potassium, iron; etc., and by Galvanization of the neck, is familiar to all. The two new measures I wish to call your attention to are first, the systematic employment of aconitine, and, second, bandaging of the protruding eyeballs. In 1884 I rather accidentally discovered that aconitine (the crystallized aconitine of Duquesnel) exerted a powerful reducing influence on nervous or irritative fast pulse—i. e., a fast pulse with high tension and normal heart, easily distinguished from the fast pulse of cardiac disease or general debility or fever. Aconitine, in doses of one two-hundredth of a grain, greatly reduces the pulse-rate and also the arterial tension. In Basedow's disease I give from three to eight pills a day—enough to produce slight tingling in the lips and extremities—for day and weeks, occasionally stopping for a few days. On the average, it is necessary to give two pills three times a day; under this the pulse-rate steadily falls from the upper limits of 160 to 140 a minute to below 100. After that the fall is slower; but in many cases goes on until 90, 80, and even 60 beats are recorded to the minute. At the same time the eyes and neck usually improve. This treatment occasionally fails, but it never does any harm. I have used it in quite a number of cases, some without goitre and exophthalmia, since 1884, and it has been tried with good results by several of my professional friends.—At the same time iodide of potassium or iron may be given, and Galvanism applied in the usual way.

Bandaging of the eyes has never to my knowledge been practiced. In the last two years I

have tried it in two cases with excellent results; complete reduction of the exophthalmia in one case. A carefully moulded pad of soft cotton is placed over each eye, filling the orbit, and a light (of not more than three turns) flannel bandage applied with gentle but decided pressure. At first I do this for only an hour twice a day; later for periods of two to four hours. In one of the cases the bandage was applied at 10 p. m., and allowed to remain all night. During the progress of the second case, which, though it existed for at least three years, is much improved, I have made occasional ophthalmoscopic examinations without detecting any damage due to the pressure. The pressure should not be great, as it is intended simply to counteract the dilation of vessels in the orbit which is the usual immediate cause of the exophthalmia.

CONSUMPTIVE TENDENCIES AS INFLUENCED BY TRIPS ACROSS THE COUNTRY IN A CARRIAGE.

There is a strong conviction that life in the open air serves an excellent purpose in warding off threatened attacks of phthisis, or in curing it. Generally, however, it is believed that to obtain the benefits of air, a locality distant from the patient's home is imperative; on the mountains, by the sea, at the South or in the North, etc. As a matter of fact, most patients are unable to leave their homes. If treated at all, they must be treated in the state in which they reside.

Many years ago a physician who had spent nearly eighty years in Vermont, over fifty of which he was in active practice, told the writer that shortly after he began the practice of medicine he broke down, and was told by his medical advisors that he was attacked by the consumption. He took his horse and wagon, and for three months spent his time in riding about New England and New York. He would travel far or near, daily, according to his inclination. At the end of the period he returned to his home and professional work, and continued it almost without interruption, till nearly eighty years of age. He died at last, not from any disease, but as the "deacon's one horse shay" vanished, all at once, without any apparent cause.

In minor forms, this observation of the effects of open air travel, has many times been confirmed by the reports of careful observers. Dr. H. I. Bowditch (*Med News*) gives a valuable contribution in support of the value of open air travel to consumptives. In 1808 his father had all the indications of consumption. With a friend he took a tour of New England in a one-horse chaise. The first day he traveled twenty-five miles, but his exhaustion and hemoptysis were so great that he was urged to return home to die. But he pushed on, and every day brought

him improved health. After his return home, he took regular open air exercise, and died of carcinoma of the stomach, thirty years later, at the age of sixty-five. One lung presented evidence of an ancient cicatrix at its apex, but both were otherwise healthy.

He said his father married his cousin, who died of chronic phthisis two years before his father. Of eight children, one died at birth, and one at eleven. All the others arrived at adult age, and married, several being still living. Of the ninety-three direct descendants of his father, not one was phthisical. This result is attributed to the journey, supplemented by the following out-door exercise, and careful regulation of the health of his children.

Dr. Bowditch thinks that many patients die from want of open-air treatment. He directs each of his phthisical patients to walk daily from three to six miles; never to stay at home all day unless a violent storm be raging. If the weather be very cold, he directs them to wear respirators. He forbids standing still on the street to talk with friends. He thinks that by following this plan, patients may be cured at home, and while still conducting their business. This seems sound sense. Better use the air at our doors and near our homes, before we fly to other air hundreds or thousands of miles away.

To those unable to walk sufficiently far to reach the best air near home, without excessive fatigue, it is advisable to use a horse and buggy, or a team driven by the patient, which is far better. The therapeutic value of a spirited span of thoroughbreds, to one able to manage them, is very great, and these, too, can be added to the effects of the open air proper. Consumptives are only one of many classes of people who would thus be benefited.—*Amer. Lancet.*

CHLOROFORM IN NORMAL LABOR.

Dr. V. O. Hardon, in the *Atlanta Medical and Surgical Journal*, translates a paper on this subject by Dr. Porak, of Paris (*Jour. de Médecine*), from which we quote the following summary: The intermittent use of chloroform in small doses during labor is a wonderful sedative for general nervous disturbances. Though an unreliable analgesic, it produces sleep, sometimes the suppression, or at least the diminution of the pain which accompanies uterine contraction, notable diminution of consciousness, and often absolute suspension of memory. On the other hand, its action is variable according to the susceptibility of the patient, according to the nature of the agent employed, and according to the mode of its administration. Its disadvantages are trivial in comparison with its advantages. The sum total of phenomena observed during its administration furnish the rules for its employment.

HOW TO DEAL WITH THE PLACENTA.

The proper method of dealing with the placenta is one of the vexed questions of midwifery. Credé's method of expression is generally in favor with modern teachers of the art of obstetrics, but at the same time has many vigorous opponents. Recently it was announced that Credé himself had abandoned the method, but this report was found upon investigation to be entirely unwarranted. The principal objections to Credé's method are that it involves waiting some minutes after the birth of the child before delivering the placenta, that the manipulation of the womb is injurious to that organ, and that post-partum hemorrhage, retention of the membranes and even septic infection are encouraged by it.

Dr. Wm. T. Lusk answered these objections in an address delivered before the New York County Medical Association, and said that in his experience it succeeded ninety-nine times out of a hundred, in fact in all cases except where the placenta was adherent. The truth is that many of the objectors to Credé's method do not understand it. This was notably the case with Charpentier, who denounced the practice and advocated traction upon the cord instead, but any one who reads Charpentier's work on obstetrics it is evident that he has utterly failed to comprehend what Credé's plan is and how it is to be carried out. Lusk's description is so good that it is reproduced below, even at the risk of causing many of our readers to denounce it as a medical chestnut. He says: "The Credé method consists in first applying light and afterward stronger friction to the fundus of the uterus, until an energetic contraction is obtained. At its height the uterus is grasped so that the fundus rests in the palm of the hand, and the body is pressed between the thumb and fingers. The effect of external pressure thus exerted is to force the placenta from the uterus, or, in case of failure, the process is to be repeated. In experienced hands it is likely to be expelled by the third or fourth uterine contraction." It should have been added that these contractions are to be waited for at least twenty minutes.—*Northwestern Lancet*.

SIGNIFICANCE OF A "CHOKED DISC."

The so-called "choked disc" signifies only that the free circulation in the optic disc is interfered with, whatever the cause may be. Any condition, anywhere, that causes sufficient pressure on the veins that return the blood from the optic nerves, to prevent its free use and easy flow, at once causes the development of "choked disc." The pressure allows the arterial blood to pass into the nerves, but prevents the venous blood from returning. The result is that a decidedly "passive" congestion of the discs takes place. This condition is what is designated

"choked disc." While it may be the result of a tumor, it does not by any means, indicate the presence of one in the brain, since any disturbance of the circulation in the nerve, from whatever cause, gives rise to the same condition. I have seen "choked disc" caused by a tumor in the orbit behind the ball, by acute or chronic meningitis, by serous effusion within the skull, by various syphilitic affections and by various kinds of injuries of the head—in a word it results from any condition that interferes with the venous circulation in the optic disc. On the contrary, a person may die of tumor of the brain without any disturbance of the discs whatever. Græfe reported a case of tumor of the brain that involved and destroyed the entire optic chiasm, so that the nerves could not be traced through the tumor at all; yet the vision was good and no "choked discs" were present. The conclusion therefore is that a "choked disc" is positive evidence of interruption of the nervous circulation in the nerves, but does not point to the presence of a tumor of the brain.

"Choked disc" and "optic neuritis" are sometimes spoken of as meaning the same thing.—This is a grave mistake. The former is a *passive* congestion, while the latter is an *active* inflammation of the nerves.

The localizing value of the "choked disc" is very uncertain and unreliable. It usually comes on late in the progress of a tumor of the brain, when there is so much cerebral disturbance that it has comparatively little value as a means of localization. Visual defect, as hemianopsia, in the history of the trouble, would be a much better localizer.—A. D. WILLIAMS, M. D., in *St. Louis Med. and Surg. Jour.*

THE BINDER.

To bind or not to bind the parturient female is a question with which the obstetrician still allows his mind to wrestle. At a recent meeting of the Obstetrical Society of London, it was concluded, in effect, that the doctor had better do as the patient felt inclined. The matter ought not to be left in such a doubtful state.—Kingdoms rise and fall, great nations disappear, cyclonic storms and volcanic fires change the face of nature, but babies continue to be born, and the mother insists on having a binder, or knowing the reason why.

The Obstetrical Society of London should not trifle with topics of such eternal moment.—for our part, we say do not bind. The alleged comfort secured is imaginary, the idea that the binder can restore the figure is unscientific and unphysiological, its supposed power in helping involution is purely hypothetical, and the whole conception of a binder is unnatural and abhorrent to common sense.

The binder is a relic, not of barbarism, for

barbarian are too sensible to bind, but of a half enlightenment that is worse than ignorance. The physician who binds now-a-days, does it out of a weak compliance to an imperious mother-in-law or officious nurse. He should, out of respect to his art, rise above such trammels to his medical skill, and his intellectual independence.—*Med. Record.*

THE IMPORTANCE OF THE PRACTICE OF WASHING OUT THE PERITONEAL CAVITY AS A MEANS OF SECURING A NATURAL DISPOSITION OF THE INTESTINES AFTER ABDOMINAL SECTION.

Malcolm, in a short but suggestive paper, again calls attention to the great danger which may result to the patient after laparotomy from simple paralysis of the bowel, though peritonitis may be entirely absent. Raw peritoneal surfaces are very apt to unite, even if they are entirely healthy. It is impossible after a laparotomy to arrange the coils of intestine in such a position that they will not at some time become adherent. In sponging they are very apt to be disturbed and thrown into unnatural relations. By irrigating the cavity we cause the intestines to float upward and thus undo any twists that may be formed. Now if the fluid is sucked out of the cavity, instead of being withdrawn with sponges, they will settle down in their natural positions just the same as when ascitic fluid is evacuated. Persistent vomiting after laparotomy seems to be beneficial rather than otherwise, since by pressure of the diaphragm and abdominal muscles the bowels are rearranged, as it were, and made to assume their normal relations. The important point to be borne in mind is that it is not so much the fact that the intestines contract adhesions to adjacent parts which give rise to subsequent persistent pain or obstruction, as it is that they become adherent in unnatural positions.—*American Journal of Medical Science.*

THE REMOVAL OF WARTS BY ELECTROLYSIS.

Dr. Patrzek (*Internat. Klin. Rundschau*) introduces the needle electrodes through the base of the wart in such a manner that they emerge on the opposite sides, without coming in contact. During the passage of the current the wart is kept moist with a lukewarm salt solution. The wart becomes white, pale, then blackish and soft in the course of two to five minutes, when needles are withdrawn. After the operation the wart shrivels up, and falls off in form of a hard, black body, under which the skin is slightly reddened.—*Prager Medicinische Wochenschrift.*

Items of Interest to the Profession.

Merk's Bulletin gives three excellent and seasonable formulæ, published originally in *The Practitioner*, the strength of the ingredients being adapted to the U. S. Phar. :

IN INFANTS' "SUMMER COMPLAINT: "—Tincture Indian cannabis, twenty four drops; spirit of chloroform, five drops; tincture kino, 1 fl. dr.; peppermint-water, to make 7 fl. dr.; add, distilled water, 1 fl. dr. Shake well. Teaspoonful every one or two or three hours.

IN ADULTS' INTENSIVE, LONG-STANDING DIARRHEA:—Tincture Indian cannabis, twenty-four drops; solution morphine bi-meconate (1:80), five to ten drops; spirits ammonia aromatic, twenty drops; spirit chloroform, ten drops; distilled water, to make 1 fl. oz. Two tablespoonfuls ever one or two or three hours—stick fast during the next few hours—only a little rum-and-water.

IN DYSPEPTIC DIARRHEA:—Tincture Indian cannabis, twenty-four to forty-eight drops. bismuth sub-nitrate 9 grains; mucilage acacia, 4½ fl. dr., spirit chloroform, ten drops; peppermint-water, 7 fl. dr. Shake well—tablespoonful (or more), before or after meals—large doses are best taken after meals.—*Co umb. Med. Jour.*

The diuretic properties of Calomel are emphasized in the report of three cases of cardiac lesion by Dr. E. G. Carvene (*Therap. Monatshefte*, April, 1890, in *Therap. Gazette*, June 16th), resulting in severe dropsy, in which the use of calomel produced the most striking relief. In these three cases digitalis, and strophanthus had been used, and almost without effect.—Calomel was, therefore, substituted in doses usually of 1½ grains every two hours, with an almost immediate increase in the diuresis. In some cases slight diarrhoea was produced, but no symptoms of stomatitis occurred, perhaps through the regular employment of gargles of potassium chlorate and brushing of the gums with tincture of myrrh.

According to the *St. Louis Polyclinic*, to prevent the blood from settling under a bruise, there is nothing to compare with the tincture or a strong infusion of capsicum annum mixed with an equal bulk of mucilage of gum-arabic, and with the addition of a few drops of glycerin. This should be painted all over the surface with a camel's-hair pencil and allowed to dry on, a second or third coating being applied as soon as the first is dry. If done as soon as the injury is inflicted, this treatment will invariably prevent the blackening of the bruised tissue. The same remedy has no equal in rheumatic stiff neck.

According to the *Boston Med. and Surg. Journal*, June 12th, 1890, the literature of the

past year contains reports, more or less complete, of two cases of pancreatic hemorrhage, two of hemorrhagic pancreatitis, three, probably four, of gangrenous pancreatitis, in addition to the five cases of acute pancreatitis of earlier occurrence and publicly alluded to for the first time by Revers and Hausemann, a total of ten or eleven cases of acute pancreatitis, in two of which a correct ante-mortem diagnosis was more or less definitely made. This statement is confirmatory of the conclusion, that acute inflammation of the pancreas is much more frequent than is generally thought. It is to be hoped that the existence of this disease, which seems securely based upon abundant anatomical and clinical existence, may soon be strengthened and supported by experimental investigations.

Dr. Frank Woodbury (*Dietetic Gazette*, May, 1890) concludes a briet but very interesting paper on "The Physical Basis of Intellect," with the statement that due regard must be paid by brain-workers, not only to the proper nutrition of the body, but also to the digestive capacity, and powers of assimilation of their own organism. If Goethe could eat as much as two ordinary men, indulge with impunity in puddings and cakes and drink two or three bottles of wine daily and still do a large amount of literary work, it does not follow that his example is to be followed, except by those who are constituted physically and physiologically like him. Others must ascertain for themselves the regimen best suited to develop their powers of intellectual labor and be governed in the quantity, quality and time for taking of food by the demands of their own organism.

In studying the THERAPEUTICS OF INTESTINAL ABSORPTION, Dr. Leubuscher (*La Médecine Moderne*, in *Ther. Gazette*, June 16th) arrived at the following conclusions: Quinine and morphine, even in a weak solution, diminish intestinal absorption. Morphine exercises the same action, even when it penetrates into the organism by the hypodermic method. Alcohol in very weak solution (one-half to two per cent.) increases absorption, but it rapidly diminishes it when the solution is made stronger. Glycerine has no action in this respect. Chloride of sodium in small doses increases absorption. Carlsbad water is without influence. Experiments made on man show that the iodide of potassium is eliminated slowly when it has been administered in concentrated alcoholic solution. In the urine the iodide is more rapidly and abundantly eliminated when it is given in a moderate amount of alcohol. In glycerin, water, or milk, the iodide is less rapidly eliminated by the urine.

Prof. Barton Cooke Hirst describes in the *Med. News*, May 24th, the case of a dying woman in the LAST STAGE OF GESTATION, for

whom he advised the resident physician in charge of the case, to dilate the cervical canal with his fingers, insert his hand and do a version followed by immediate extraction, surmising, as it proved, correctly, that the tissues of the dying woman could offer no resistance to these manoeuvres. The child was born in less than five minutes. He adds that, where the procedure just described is at all possible, he believes it should always be preferred to post-mortem Cæsarean section. By waiting for the mother's death one may loose the infant as well; the post-mortem section is a disfiguring and bloody operation which would horrify the friends of the patient, and for which their consent could not always be obtained, and, finally, there is the alarming suspicion entertained by the bystanders, if not by the physician, that the woman might not have been dead but was killed by the operation. On the other hand, version and extraction are as quickly done as section, if one can judge by this single experience; the child is rescued while it is still in good condition; there is nothing repulsive about the operation to the bystanders, and death is not hastened by it.

Dr. Galloway, of Xenia, Ohio, reported in the *Cinn. Lancet-Clinic* a case of hour-glass contraction which followed a case of instrumental delivery. A stream of water, hot as the patient could bear, was thrown against the constricted uterus for a period of fifteen minutes, causing speedy and easy delivery of the placenta, with entire absence of hemorrhage. The idea is advanced that in conjunction with the above, a valuable aid might be found in these troublesome cases in flushing the bowels with two or three quarts of hot water.

As much difficulty has been found in the satisfactory administration, when in the form of fluid media, of such insoluble crystalline substances as benzoic acid, antipyrin, sulphonal, naphthol, etc., a writer in a recent issue of *Répertoire de Pharmacie* recommends that they be powdered with sugar or gum, and then suspended in the form of an emulsion in water.

A writer in the *British Med. Journal* mentions a new remedy for sea-sickness, the seeds of the kola-nut, of which half a drachm should be chewed slowly. Most persons would prefer, first to know how the kola-nut agreed with them when taken before going to sea. Probably the action is that of a kola-gogue!

For Frostbite, an ointment of 45 grains of camphor oil to the ounce of lanolin has been suggested.

Salicylated oil, prepared by dissolving one part of salicylic acid in 35 to 40 of oil, by means of gentle heat, is a most valuable application to itch and kindred affections.

Seasonable directions are given in the *Medical Standard* for the treatment of Summer Diarrhoea: Carharrer recommends the discontinuance of milk as a diet, and substitution of liquid peptonoids with coeos, pure brandy, and beef tea or broths. Water must be allowed freely, given in small quantities, and often. In bad cases he gives:—

R. Acidi salicylic., gr. ss
Crete precip., gr. x
Glycerin, ʒ ij
Aque rosæ, ʒ xiv, M.

Sig.—Fluid ounce every hour for a child one year old.

The following mixtures will prove of benefit in the treatment of intractable cases:—

Loomis' diarrhoea mixture.

Tincture of opium, ½ fl. oz.
Tincture of rhubarb, ½ fl. oz.
Compound tincture of catechu (U. S. P.), 1 fl. oz.
Oil of sassafras, 20 mins.
Compound tincture of lavender, enough to make, 4 fl. oz. M.

Sig.—One teaspoonful every four hours, for adults.

Squibb's diarrhoea mixture.

Tincture of opium, 1 fl. oz.
Tincture of capsicum, 1 fl. oz.
Spirits of camphor, 1 fl. oz.
Purified chloroform, 180 mins.
Alcohol enough to make, 5 fl. ozs. M.

Sig.—One teaspoonful every five hours, for adults.

Thielmann's diarrhoea mixture.

Wine of opium, 1 fl. oz.
Tincture of valerian, 1½ fl. oz.
Ether, ½ fl. oz.
Oil of peppermint, 60 mins.
Fluid extract of ipecac, 15 mins.
Alcohol, enough to make, 4 fl. ozs. M.

Sig.—Thirty drops every three to five hours, for adults.

Velpeau's diarrhoea mixture.

Take or tincture of opium, compound tincture of catechu (U. S. P.), spirit of camphor, each equal volumes. M.

Prof. Parvin presented to the class a case of *vulvitis* resulting from diabetes mellitus, and directed the following:—

Constitutional treatment for the diabetes and local treatment for the vulvitis, as follows:—

R. Atropin., gr. j
Aque, f ʒj. M.

To be used as a spray.

Also an ointment composed of sodium salicylate, benzoated zinc ointment, and tar ointment.

A Paris correspondent of *The Times and Register*, June 7th, gives the modern medicinal treatment for Tonsillitis. As it is now to be considered as an infectious malady, antiseptics are in order. This may be used first, for buccal antiseptics:—

R. Borate or benzoate of soda, ʒ ijss
Hot water, ʒ vij

Dissolve, and add:

Tincture of myrrh, gr. lxxv
Blackberry syrup, ʒ j M.

Ft. gargle.

Or the following:—

R. Resocine, gr. xv
Distilled water, f ʒ vij
Blackberry syrup, f ʒj. M.

Ft. gargle.

Then brush over the tonsils, several times a day, with the following:

R. Glycerine, ʒ v
Camphor, gr. xv
Carbolic acid, gr. xv M.

Use as above, with camel's-hair brush.—*Coll. and Clin. Record*.

Merck's Bulletin, May, 1890, gives the following formula for a megrin powder:—

Caffeine citrate, true, gr. xv
Phenacetine, gr. xxx
Sugar, gr. xv. M.

Divide into ten wafer-powders. One wafer every two or three hours.

For sweating feet, Legoux (*Nouv. Remèdes*, quoted in *Nat. Druggist*, May, 1890, recommends:—

R. Ferri perchlorid., ʒ iij
Glycerin, ʒ j
Essent. Bergamot, ʒ ij. M.

Sig.—Apply with a pencil or swab.

For Chapped Hands, a writer in the *Provincial Medical Journal* suggests the following as an excellent application:—

R. Menthol, gr. xv
Salol, ʒ j
Olive oil, ʒ ss
Lanolin, ʒ iss. M.

As an external application in acute rheumatism, a writer in the *London Medical Record* suggests the following:—

R. Salol, ʒ ss
Etheris, ʒ ss p. iv
Collodii, p. xxx. M.

In Gonorrhoea, Julien (*Revue de Therap.* March 25th, in *Med. News* April 5th) recommends the following injection:—

R. Liquid vaseline, p. 140
Bismuth Subnitrate, p. 10
Resorcin, p. 3
Iodol, p. 1 M.

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MONTREAL, JULY, 1890.

AN EXPLANATION.

As many of our readers do not reside in Montreal it is necessary to explain the delay in the issue of our June and July numbers, a delay which we greatly regret and with which we are exceedingly annoyed. The forms for the June number were all ready for the press on the tenth of June, but on that day the printers in the publishing office were ordered out by the Typographical Union, and nothing more could be done until the strike was over on the fifteenth of July, a few days after which the June number came out. We expect to have the July issue out before the thirty-first of July and the August number will appear on the fifteenth of August, after which provided there are no more strikes or fires we hope THE RECORD will appear regularly about the middle of each month.

THE RADICAL CURE OF POLYPI OF THE NOSE.

In a very clear and able article in the *New York Medical Record* for 23rd June, Dr. Harrison Griffin sums up his conclusions as follows:—

1. The nose should be treated with the

snare till each and every polypus has been removed.

2. The after treatment with caustics and cautery tends to inflame the cavity and tends to the recurrence of these growths.

3. In the removal of these tumors the parts should be so thoroughly anaesthetized that pain is unknown, because when pain is absent the part is under the full influence of cocaine, the blood vessels are relieved of their congestion, the polypi are more easily distinguished and the main object of the operation is secured, the removal of the pedicle intact.

4. The part should be thoroughly sprayed with either witch hazel or alcohol for some time after the patient has been pronounced free from polypi.

5. With this treatment the majority of cases can be permanently cured and the rest greatly relieved.

The author draws attention to the fact that sometimes the nose is so fully packed with polypi that only a few of them can be seen, and it is only after these first two or three have been removed that the next two or three can come down into view. If this fact is not remembered and explained to the patient he may think that they are growing as fast as removed, or that they have not been properly removed at all. Of all the methods of treating these troublesome little growths we have found nothing to surpass removal by the cold steel seare made of fine piano wire.

TRINITY MEDICAL COLLEGE, TORONTO.

Having at heart the true interests of the profession in Canada and believing as we do that the standard of proficiency is more uniformly high in this than in any other English-speaking country, England not excepted, we were very much surprised and grieved to see by no less an authority than the *British Medical Journal* that one of our medical schools was offering degrees in medicine to non-residents, and it was rather

from a desire to obtain a speedy and indignant denial to the charge that we drew attention to it than from any willingness to believe it. We were, therefore, only too happy to receive a communication from one of the leading physicians of Toronto, asking us to contradict the imputation emphatically. "Nothing, he says, is more foreign to her instincts or more abhorrent than this. The whole thing arose out of Trinity University acceding to a request, thinking it quite within her powers, to conduct musical examinations in England through a board of the very best men. The *British Medical Journal* he says was misled into publishing one severe article, but handsomely withdrew everything on learning the true facts. We too are doing all we can most gladly, but in the face of great and most unfair opposition to keep up and improve the standard of really good medical education here." As our correspondent is thoroughly reliable we trust that his denial of this slur on the Canadian professions good name may be made as widely known as possible. As the Trinity Medical College has nothing whatever to do with Trinity Musical College it is unfair to blame the former for the latter's deeds, even if they were questionable, which in this case they do not seem to have been.

BOOK NOTICES.

We are pleased to announce that a much needed work, a practical therapeutics by Dr. Ernest Desrosiers, Professor of Materia Medica and Therapeutics in Laval University, and attending physician at Notre Dame Hospital, will be published in October. From the advance sheets which we have seen we can promise that it will be one of the clearest treatises on the subject which has ever appeared in either the English or French languages.

A NEW MEDICAL DICTIONARY. Including all the Words and Phrases used in Medicine, with their proper Pronunciation and Definitions, based on Recent Medical Literature. By George M. Gould, B.A., M.D., Ophthalmic Surgeon to the Philadelphia Hospital, etc. With Tables of the Bacilli, Micrococci, Leucomaines, Ptomaines, etc., of the Arteries, Muscles,

Nerves, Ganglia and Plexuses; Mineral Springs of U. S., Vital Statistics, etc. Small octavo, 520 pages. Half dark leather, \$3.25; half Morocco, thumb index, \$4.25. Philadelphia: P. Blakiston, Son & Co.

If the coinage of new words be indicative of medical progress, surely the last decade will mark an epoch in its history. In the various specialties, in fact in all departments of medical science, there has been a constant demand for the expression of new ideas and for clearer definitions of old ones. Indeed, a dictionary that shall be fully abreast of the times must be little less than a new one.

In answer to a very general demand the publishers of this volume have brought out a work which will be found of great value to the medical profession. The author's aim evidently has been to include within its pages every important medical term to be found in the older vocabularies, and also to incorporate the thousands of new ones which give promise of permanency in medical literature. In Gynecology, Ophthalmology, Otolaryngology and Laryngology; in Biology, Embryology, Physiology and Pathology; in Electro-therapeutics, and in the newly-developed fields of Bacteriology, Ptomaines and Leucomaines, the aim has been evidently to issue an authoritative text-book, one that should be ample in its vocabulary, concise in its definitions, compact in its arrangement, and convenient of size for the every-day use of busy practitioners, and as a handbook for medical students.

The author, in this respect, is to be congratulated upon his success, and so far as a careful examination enables us to judge, it faithfully represents the standard medical literature of to-day.

The work is scientific and practical, compact in form and of moderate price. Messrs. Blakiston, Son & Co., Philadelphia, deserve great credit for the admirable manner in which the mechanical part of the work has been executed. Gould's new Medical Dictionary is a model of its kind, and will undoubtedly be fully appreciated by both physicians and students, to whom we recommend it.

Messrs. W. Drysdale & Co., St. James street, Montreal, have a full stock of this valuable work on hand.

NEWS ITEMS.

The catalogue of the New York Polyclinic shows an attendance for the session 1889-90 of 422. The following extract shows that the Faculty have resolved to exclude all but graduates of regular medical colleges from matriculating at this school.

Practitioners who are graduates of regular medical colleges, or who having attended one or more courses of lectures at such college, have a legal permit to practice, will be admitted.

The twenty-third annual meeting of the Cana-

Canadian Medical Association will be held in Toronto on the 9th, 10th and 11th of September next. Arrangements will be made with the railroad and steamboat companies for a reduced travelling rate, and certificates entitling members to such reduction will be issued by the secretary on application. Members intending to present papers at this meeting, are requested to notify the secretary at as early a date as possible of title of the paper intended to be read.

KUMYSS OR RUSSIAN MILK WINE.—As a dietetic remedy, Kumyss is now considered without an equal. It accomplishes a two-fold task, that of a grateful food which nourishes the debilitated body, and a potent physic that renews its failing vitality. Its introduction into such general use as it now has in our civilized countries is due to observations taken by prominent medical men in the district called the "Steppes of Russia," principally inhabited by Kergheses, Tartars, &c., where consumption is unknown, and yet almost their only food and drink is Kumyss, for their religion, which is Mohammedan, forbids the use of other liquors. This fact has been vouched for by a scientific commission of enquiry made by the Russian Government, and fully established the palpable truth that the simple diet of Kumyss combined all the elements of nutrition in the most digestible and assimilable forms. Kumyss is prepared from Mare's Milk by fermentation. It is a piquant, sweetly acidulous fragrant liquor, which produces pleasurable effects, without any unpleasant after results. Considerable difficulty is experienced in procuring the Mare's Milk, and it is often necessary, in order to induce her to yield it, to procure a stuffed dummy colt, placed alongside the milker. This milk assimilates very closely with woman's milk, and as far as quality is concerned it is equal to the purest of cows milk.

The preparation of Kumyss, made by W. A. Dyer & Co., Montreal, contains all the advantageous properties of the Russian Kumyss, and if allowed to stand for ten or twelve days combines all the beneficial properties of the purest champagne, being light, effervescent and exhilarating. Kumyss, unlike milk, agrees with the feeblest stomach, and remarkable benefit is derived from its use in all complaints arising from feeble digestion, whether caused by impoverishment of the gastric juice or catarrhal complications in nervous irritation, and in the different phases of dyspepsia. Kumyss contains, in itself, all the plastic, respiratory and heat-giving elements of the body, and presents them in such a form that they are rapidly absorbed to renew the wasted tissues. It is estimated that every quart of Kumyss drunk carries into the body four ounces of solid food. Kumyss is considered by eminent physicians as a mild aperient, promoting the flow of bile,—is well suited for bronchitis, winter-

coughs and consumption, and is always a great palliative, even if it does not in every case effect a cure. It has been proven that where Kumyss has been taken regularly in accordance with the physicians' prescription that the patient has gained from one to ten ounces per day,—sufficient evidence in itself to prove the beneficial results derived from the use of Kumyss. In cases of general debility, typhoid fever, dyspepsia, it has been productive of wonderful effects, and is used by the weakest invalids without feelings of nausea or disgust. These facts, which are incontrovertible, must indicate that Dyer's Kumyss fills a long felt want, and will prove of inestimable value to many a sufferer.

A postal card addressed to W. A. Dyer & Co., Montreal, will be sufficient to have any quantity sent throughout the Dominion, if "Dyer's Kumyss" cannot be obtained from the local druggists.—*Montreal Herald*.

PERSONAL.

Dr. Lorne Campbell is resident physician at the Iroquois House, Beloeil Mountain.

Dr. F. W. Campbell spent twelve days under canvas as principal medical officer of the military camp at St. Johns.

Dr. H. L. Reddy has a charming villa at Hudson, on the Ottawa river, where he generally spends from Saturday to Monday.

Dr. Laphorn Smith will spend a few weeks holidays partly at Lake St. John and partly at Saratoga.

Drs. Perrigo and Reddy are on duty at the Women's Hospital during July, August and September, and Dr. Laphorn Smith is in charge of the clinic for diseases of women at the Montreal Dispensary on Mondays and Thursdays, from three to six p.m.

Dr. Hingston has a beautiful summer residence at Varennes. Although one of the oldest in the profession he still sets an example to many younger men by rowing down some ten or twelve miles every Saturday evening.

Drs. Roddick, Buller, Geo. Ross, Jas. Stewart, A. A. Browne and Wm. Gardner have gone to Berlin to attend the Congress and take a run through Europe.

Dr. Daywatt, of San Francisco (*Occidental Med. News*, June, 1890), ascribes failure of the creosote treatment of tuberculosis to the employment of impure creosote, as determined by direct personal investigation of the article used for purposes of inhalation.

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Original Communications.

THE POSITIVE POLAR ACTION OF THE CONSTANT GALVANIC CURRENT ON MICROBES AND ESPECIALLY ON THE BACTERIA CHARBON.

BY DRS. APOSTOLI AND LAGUERIERRE.

Being a Communication read before the Academy of Sciences of Paris, 28th April, 1890.

The antiseptic microbicide action of the constant galvanic current noticed by one of us since 1886 has been the object of our united researches since two years.

In a scaled communication to the Academy of Sciences, 19th August, 1889, we made known the results of our first experiments performed by placing the poles at the two extremities of a dish containing culture fluid, the poles being placed at a short distance from each other. All our experiments have been checked by subsequent inoculation cultivation in the animals (either rabbits or guinea-pigs.)

Our first and most important conclusions are as follows:—First, the action of the constant galvanic current on cultivations of bacteria is in direct proportion to the intensity of the current estimated in millamperes.

Second.—For a given intensity, other

things being equal, the duration of the application of the current is of only slight consequence, the intensity of the current being always of importance.

Third.—A current of 300 millamperes and over applied during five minutes invariably kills the bacteria of *charbon*; the cultivations made with fluids so treated remain sterile and inoculation of the guinea-pig proving abortive.

Fourth.—A current of from 200 to 250 millamperes applied during five minutes does not surely and invariably destroy their virulence. Some of the guinea-pigs inoculated died, but much more slowly than those that were inoculated with the same culture-fluid, but which had been submitted to the action of the current.

Fifth.—A current of 100 millamperes, and even under, a current lasting 30 minutes, does not surely and invariably destroy their virulence; a weakening is produced, which increases with the intensity of the current, which is made evident by the fact that the guinea-pig inoculated died one or two days later than those treated with the first liquid.

Since then we have proved that these effects are independent of the heat-phenomena which always accompany electrolysis, and we have studied separately the influence

of the polar and of the inter-polar portion of the current.

We are in a position to formulate the following supplementary conclusions:—First, we may suppress experimentally the calorific effects of the current and still attain the same destruction and vitality of microbe.

Second—The positive pole alone weakens or destroys the vitality of pathogenic organisms, which on the contrary are not affected by the negative pole or by the interpolar portion of the current.

Third—The antiseptic action of the positive pole is effective in a distinct culture medium entirely separate from the negative pole at a smaller electrical intensity than it was in the first experiment (where, the two poles being contiguous, reciprocally weaken their action.) Thus the positive pole does not destroy bacteria at 50 millamperes applied during a period during 5 to 30 minutes, but beyond that attention commences and increases progressively, becoming constant after the first five minutes between 100 and 150 millamperes.

Fourth.—The general conclusion arrived at from our researches is that the continuous current employed in medicinal doses, (from 50 to 300 millamperes), has no decided action on bacteria cultures in a homogeneous medium, and that the unique action of the positive pole is therefore due to the disengagements of acids and of oxygen gas as we shall demonstrate next communication.

PAINLESS TOOTH EXTRACTION.

Hydrochlorate of cocaine.....	10 grains.
Sulphate of morphine.....	10 grains.
Hydrate of chloral	10 grains.
Carbolic acid.....	10 grains.
Rose water.....	10 fl. drachms.

Dissolve and inject with a hypodermic syringe into the gums close to the roots of the tooth two or three minutes before drawing the tooth.

This solution acts as a local anæsthetic and teeth can be drawn after using it without causing pain.—A. D. B., Grand Rapids, Mich., in *The Formulary*.

REPORT ON PROGRESS IN DEMATOLOGY AND SYPHILIDOLOGY.

BY JAMES M. JACK, M.D.
MONTREAL.

GLYCERINUM SAPONATUM,—Dr. Hebra has just brought before the profession a new vehicle namely Glycerinum Saponatum.—This is an alkaline fat obtained in the manufacturing of soap. It is dried then cut into small pieces and dissolved in glycerine; this product is heated and filtered—when cool you have a soft yellow, elastic, transparent mass, which is also odorless and melts at body heat,—and soluble in water. He claims it is very efficacious in lupus tyloia, etc.

Dr. J. W. White of the University of Pennsylvania recommends the use of the following mixture Salal 3½ gr : Oleoresin Cubebs 5 gr : Balsam Copaiba (Para) 10 gr. : Pepsin 1 gr ; in capsules for the treatment of Acute Urethritis.

In about two-thirds of his cases the discharge ceased in a week. In the majority it was necessary also to use an injection and for this he recommends 2 to 10 gra. of Sulpho-Carbolate Zinci in a 10 to 15 per cent Solution of Peroide of Hydrogen.

SALYCILATE OF MERCURY IN SYPHYLIS.—In the treatment of syphilis we naturally use a drug in which we get a prompt action without unduly irritating the gastro-intestinal tract, judging from a paper of Dr. A. E. Buchler on 32 cases, in only 3 instances was the course of treatment attended by symptoms of mercurialism and in two diarrhoea when the patient had taken respectively 36 and 50 pills—the doses given being ½ gr : pill three times a day—this drug caused a rapid involution of the cutaneous manifestations and likewise those of the mucous membranes. If comparisons are admissible

it bears the closest analogy to the protoiodide of mercury over which it has the advantage of being better tolerated by the gastro-testinal tract. It exerts a favorable action on the spleen. In five observations where there was increased area of splenic dullness, a perceptible diminution in size was noted after the initiation of the course of treatment of this drug. I find this drug was first formed by Lajoux in 1881, and was first used in medicine by Dr. Aranjo in 1887. As an anticyphilitic the drug may be given internally in the dose of from 1-64 to 1-25 of a grain in pill form two or three times daily—or it may be given in the form of intra-muscular injection in the amount of $\frac{1}{2}$ gr. with an equal amount of potassium carbonate. Externally it can be employed in dressings or as salves in syphilitic ulcers and mucous patches and as an injection for gonorrhoea with potassium carbonate in the strength of from 6 grs. to 45 grs. to each quart of water.

* * *

"ARISTOL."—According to Eichhoff this is a voluminous reddish-brown, amorphous precipitate which occurs when an aqueous solution of iodine in iodide of potassium is treated with thymol dissolved in a solution of caustic soda. It is di-thymol-iodide and contains about 45 to 46 per cent of iodine. It is said to be like chrysarobin, an active but harmless remedy in psoriasis mycosis and lupus. It should always be prescribed as a simple ointment with lanolin in ethereal solution, or dissolved in oil.

Dr. Eichhoff (monats. f. prakt. Dromate.—No. 2, 1890). He finds it equal to iodoform in all cases in which he has tried it. It acts more slowly than chrysarobin or pyrogallie acid in cases of psoriasis, but has the advantage of not possessing the poisonous properties of the latter nor the disagreeable effects of the former. In parasitic skin diseases it is equal to other known remedies and is not irritating. In ulcers of the leg, and in the ulcers of the tertiary stages of syphilis it causes more rapid healing

than any other known external remedy, and he considers it to be superior to any known external agent for the treatment of lupus. Dr. Eichhoff used a 10 per cent ointment made with a petrolate.

* * *

ARGENT NITRAS IN GONORRHOEA.—Dr. L. Friedheim assistant in the clinic of Professor Neisser at Breslau, who has made a number of observations with several drugs such as zinc, lead, bismuth, tannin, and various preparations of mercury. permanganate of potassium, creolin, etc., to test their astringent effects as well as their capacity for destroying gonococci is equally dissatisfied with all the usual drugs. They all had either no permanent effect in destroying gonococci, or they irritated the mucous membrane to such an extent that their administration had to be stopped. Nitrate of silver alone acted quite satisfactorily. The author reports on 318 cases treated with this drug, 237 of which proved its anti bacterial effect satisfactorily. Unfavorable results were chiefly obtained with, out-patients who lived in unsatisfactory circumstances. The following is the *modus operandi* at Neisser's clinic. Every acute case is at once treated with an injection of nitrate of silver of the strength of from 1 in 4,000 to 1 in 2,000. The discharge generally increases at first, becoming thicker and more purulent, but very soon decreases and becomes thinner, whiter and more epithelial. The gonococci decrease in a remarkably short time, and sometimes entirely disappear in a few days. The injections are first administered from 4 to 6 times a day, and are then reduced to 1 or 2 in the 24 hours; but even after entire cessation of the discharge, the nitrate is still injected once a day for many weeks. The proper regimen must be employed for an equally long time. The injections are administered even when complications occur, especially epididymitis.

Progress of Science.

THE NON-TUBERCULAR AND NON-CARDIAC HÆMOPTYSIS OF ELDERLY PERSONS.

BY SIR ANDREW CLARK, BART., M.D.

Many years ago, when examining the evidence of the arrestment of phthisis and endeavoring to determine the conditions in which it occurred, I was struck with the large numbers of cases of hæmoptysis occurring in elderly persons who were at the time and remained afterwards free from signs of pulmonary tuberculosis or of structural disease of the heart. Being in those days completely influenced in my views of hæmoptysis by the teaching of Dr. Walshe, I ascribed every case of pulmonary hæmorrhage in which there was no heart disease or aneurysm, or malignant growth, to tubercular disease of the lung. Perhaps I carried to an extreme issue the opinions of this distinguished master; at any rate, I must confess that the consequences were not satisfactory for the patients or for me. At last, however, there occurred in the wards of the London Hospital a case of fatal hæmoptysis which not only made plain the error of my views, but revealed a cause, hitherto, I believe, unnoticed, of pulmonary hæmorrhage. The patient, a man between fifty and sixty years of age, was admitted for an attack for subacute bronchitis. He had been for many years the subject of a moderate progressive osteo-arthritis, and during the last four or five winters had suffered from severe bronchial catarrh. The attack from which the patient suffered on admission was of the ordinary character; there were signs of some congestion at the posterior bases and of emphysema of the front part of both lungs, but nothing was found to suggest the existence of tubercular disease. The heart and bloodvessels were sound, there was only moderate fever. The patient was placed upon a light diet and treated with alkalies, alterative aperients, and counter-irritants to the chest. About a fortnight after admission the patient began to cough up blood in small quantities at short intervals, and in spite of all that could be done according to the approved therapeutical teaching of the time—in spite of absolute rest, the strictest regulation of supplies, the application of ice to the chest, and the liberal use of various astringents—the bleeding persisted, and within a week the man died. The post-mortem revealed to the naked eye little that was unusual and nothing that was expected. The heart, the larger vessels, and the arterial valves were free from obvious structural change. The bronchial mucous membrane almost everywhere was swollen, congested, violet-colored, and coated with a mucopurulent secretion. The anterior parts of both

lungs were pale, dry, and emphysematous, and curious patches of emphysema surrounded by hæmorrhagic extravasations were noticed in the back and lower parts of both lungs, which were loaded with blood. Nowhere could there be discovered the smallest evidence of tubercular disease, of any malignant growth, or of any sort of coarse structural change which could account for fatal hæmorrhage. A most minute examination carried out with the aid of the microscope brought plainly to light two important facts. The first was that the seat of the hæmorrhage was in the immediate neighborhood of the emphysematous patches, and the second was that the minute vessels, the terminal arteries for the most part, were in those localities always diseased. And finally, it appeared in the highest degree probable that there existed a direct casual relationship between the condition of the blood vessels, the emphysema, and the hæmorrhage. For wherever there was an emphysematous patch there was a diseased artery; wherever the artery was much diseased the capillaries and venus radicles were also affected; and generally, although not always, where the terminal artery was obstructed and degenerating there was adjacent hæmorrhage. Through the observation of these facts and their relations I was led to conclude that the order of events issuing in hæmorrhage arose and proceeded in the following way. I inferred that the initial visible movement in the malady had been some minute structural change in the terminal branch of the pulmonary or of the bronchial artery, and in consequence of this there had been brought about a more or less complete obstruction of the supply of blood through the territory involved; that following this there arose degeneration of the capillaries, and venous radicles determining a true atrophic emphysema, and that the integrity of the bloodvessels being thus impaired, the formation of thrombi or recurrent condition of pressure had brought about the hæmorrhage which ended in death.

Now arose the cardinal question presented by this case, and necessary to be answered if any fresh knowledge were to be derived from it: What was the intimate nature of the structural vascular changes to which I have adverted? There were two ways of replying to this question, each was distinct in itself, and the one which was most regarded was of the least importance. The small question was, What were the visible characters of the structural alterations in the bloodvessels? The large and crucial question was, What was the nature of the primitive dynamic changes, and which alone gave them form and meaning? In them and not in the vascular changes lay the importance of the case. The structural changes discovered in the affected bloodvessels were limited to nuclear proliferation in the middle coat, and an amorphous and hyaline infiltration of it and of the intima. When

I endeavored to determine the significance of these changes, and for this purpose studied the life history of the case, when I saw that the patient had been for years an arthritic, that he had suffered on many occasions from many of the constitutional manifestations of this diathesis, and that the structural changes in the pulmonary bloodvessels were akin in character to those which were found in the diseased articulations, I permitted myself to conclude that the malady was of an arthritic nature, and that I had seen and dealt with a case of what might be called without serious scientific impropriety, "arthritic hæmoptysis."

Some seven years ago Sir William Jenner, Dr. Wilson Fox, and I were summoned together to consult about a lady suffering from an incoercible hæmoptysis. She was a Jewish lady over sixty years of age, very stout, very "rheumatic," and always ailing. She had nodular finger joints, frequently recurring bronchial asthma, and occasional outbreaks of either eczema or of urticaria. Ten days before our visit, when suffering from an ordinary catarrh without accompanying fever, the patient began to cough up blood, and had continued to do so in small quantities at intervals of three or four hours since. The patient had a somewhat large heart, but there was no murmur, and there was no evidence of systemic arterial disease. Within the previous two days the pulse had become quick and frequent, and the temperature had risen to close upon 100°. In the lungs there were signs of generalised bronchial catarrh, of emphysema, and of basic congestion. The patient complained of frequent cough, of great oppression of chest, and of growing difficulty in expectorating. She had, furthermore, a loaded tongue, thirst, loss of appetite, a swollen liver, and all the signs of a gastro-enteric catarrh. She had been carefully treated by absolute rest, fluid food, ice to the chest, and in succession by lead, gallic acid, and hypodermic injection of ergotin. After full discussion, it was determined that another method of treatment should be tried. The patient was ordered to have a light and rather dry diet, to be sparing in the use of liquids, to discontinue the ice, to have a calomel pill at night, followed by a saline cathartic on the succeeding morning, and to take an alkaline mixture with ammonia between meals twice a day. Within thirty-six hours the bleeding ceased, and the patient made a speedy and complete recovery. About a year and a half ago the patient consulted me at my house for subacute rheumatic arthritis. She told me that since she saw me first she had had one attack of bleeding, and that it was quickly cured by calomel and salines.

About six years ago I was summoned to meet Mr. MacLaren in consultation about the case of a solicitor who had been suffering from an obstinately recurring hæmoptysis of small amount. The patient was over sixty years of age, had

been always delicate and often suffered from incomplete attacks of what was considered to be rheumatic gout. He had rimmed finger-joints, patches of dry eczema, and occasional nervous headaches. A few weeks before our consultation he had contracted a feverish bronchial catarrh and was confined to the house. After a fortnight's cold he began to have some oppression of chest and to be short breathed. This was followed by a small hæmoptysis which gave relief, but the hæmoptysis recurred, and at our consultation there was no sign of its cessation. The patient had no fever and only a slight hurry of circulation. There was a general bronchial catarrh, the fore parts of the lung were emphysematous, and there was some basic congestion, greater on the right side than on the left. The tongue was furred. There was anorexia with some thirst. The bowels were inadequately relieved, and the urine was pale and of low density, but free from albumen. The patient was directed to rest and keep warm, to live upon a light, semi-solid diet, to be sparing in the use of liquids, to be freely counter-irritated over the chest, to have a succession of small doses of calomel at bedtime, supplemented by saline aperients in the morning, and to take between meals, twice or thrice in the day, a mixture containing iodide of potassium, bicarbonate of potassium, and ammonia. This treatment was not particularly agreeable to the patient, who had medical views of his own. Nevertheless, it was adopted, and appeared so far successful that within four days of its adoption, the hæmorrhage had ceased. I heard of the patient from a relative some months ago, and I was told, although he led a too sedentary life, he was well and at work.

I conclude with a statement of the propositions which I have framed out of the results of my own inquiries. These propositions are as follows:

1. That there occurs in elderly persons, free from ordinary diseases of the heart and lungs, a form of hæmoptysis arising out of minute structural alterations in the terminal blood-vessels of the lung.

2. That these vascular alterations occur in persons of the arthritic diathesis, resemble the vascular alterations found in osteo-arthritic articulations, and are themselves of an arthritic nature.

3. That although sometimes leading to a fatal issue, this variety of hæmoptysis usually subsides without the supervention of any coarse anatomical lesion of either the heart or the lungs.

4. That when present this variety of hæmorrhage is aggravated or maintained by the frequent administration of large doses of strong astringents, and by unrestricted indulgence in liquids to allay the thirst which the astringents create.

5. That the treatment which appears at pre-

sent to be the most successful in this variety of hæmoptysis consists in diet and quiet, in the restricted use of liquids, and the stilling of cough; in calomel and salines, in the use of alkalies, with iodide of potassium, and in frequently renewed counter-irritation.—*Canad. Practit.*

THE APPLICATION OF ICHTHYOL IN DISEASES OF WOMEN.

Dr. Freund reports some remarkable results from the use of ichthyol in the Strassburg women's clinic. The conditions which were rapidly benefited and even promptly and radically cured by this therapeutical agent, comprise chronic para-metritis, acute and chronic peri-metritis with exudation and adhesions, cicatrization in the vagina and *portio vaginali uteri* chronic metritis, ovaritis, salpingitis, cervical erosions, vulvitis, and prurigo of the external genitals.

The remedy is administered both internally and externally at the same time. For internal exhibition, pills containing 0.1 g. are best adapted. They are given one pill t. i. d. for the first few days, after which the dose is doubled. For topical use the following formula is employed:

R.—Ammon. Sulfo-Ichthyol 5.0
Glycerine 100.0—M.

This is applied by means of vaginal tampons. If it is desirable to treat the case energetically, an ointment:

R.—Ammon. Sulfo-Ichthyol. :
Lanolini aa. :
Or a soft soap. M.
R.—Ammon. Sulfo-Ichthyol 8.0
Sapo Virid. 80.0—M.

may be employed. Either may be rubbed into the abdominal walls. In addition it may be used in the form of a suppository, either as an adjuvant to other more direct applications, or as the most direct way when others are impractical.

R.—Ammon. Sulfo-Ichthyol 0.05
Ol.—Theobrom 0.2
—M Ft. suppos. rect.

Moles on the face (says *Cinn. Lancet-Clinic*, May 31st) may be painted with sodium ethylate, a fine glass rod being used. When the mole has a varnished look the ethylate is gently rubbed in with the glass rod, to make it penetrate more deeply. The mole turns nearly black and a hard crust forms over it, which is nearly three weeks in becoming detached. When it comes off the mole is much lighter than before, and this treatment can be continued until the mark is scarcely noticeable.

ECZEMA IN ELDERLY PEOPLE.

Nothing gives more relief to the system and the eruption than the use of the well-known pill of blue mass. colocynth, and ipecac, often recommended by the late Dr. H. D. Bulkley. Very commonly one of these pills is sufficient, but it should always be repeated on the second night afterward; some patients will do well to repeat the course at the end of each week or ten days. For more constant use, a pill of aloes and iron, before each meal, as required, serves the purpose excellently well; or in some persons, where there is special tendency to poor liver action, a minute dose of calomel, even one-tenth of a grain, before meals, and at bedtime if necessary, will do much toward removing the eczema.

For the imperfect kidney action no remedy is more valuable than the acetate of potassa; while not so agreeable to take as the citrate, my experience with both leads me to decidedly prefer the former. Ten to fifteen grains daily after meals, with nux vomica, in a bitter infusion, as quassia, serves a most excellent purpose, and will almost always be followed by marked improvement of the eruption.

Iron must be used rather sparingly, but after a short course of the above, will often prove most serviceable; but this will need occasionally to be suspended and the former given. The mixture of sulphate of iron, sulphate of magnesium and sulphuric acid, known as Startin's mixture, will often prove of the greatest service in eczema of elderly persons, especially in those exhibiting any tendency to glycosuria; strychnine may occasionally be added to it with advantage.

Arsenic is rarely required or of value when used alone, but in combination with iron and other remedies it will sometimes seem to aid in the case. In certain rare instances, however, where a bullous or pemphigoid condition develops in eczema patients, it will prove invaluable, and will arrest the formation of blisters completely. To be of real value it must then be used with a free hand fearlessly, given every two or three hours, alone, in quantities sufficient to produce the desired effect; beginning with three drops, the dose may be increased by half a drop every other dose until five, seven, eight or more drops are taken at least six or eight times daily, and sometimes it may even be necessary to give a trifle of opium with each dose to check its action on the bowels. When thus given, apart from meals, the remedy should be largely diluted, in one-third to half a goblet of water, and where there is much acidity of the system it is desirable to use vichy or an alkaline water, such as the Buffalo or the Londonderry lithia. But, as remarked before, arsenic does not control the eczema, but only the bullous condition alluded to, and should not be commonly prescribed for ordinary cases.

Quinine is often of great service in eczema in

elderly people, both to meet the malarious condition often at the bottom of the trouble and as a pure tonic. It is generally best administered in two- or three-grain doses a quarter to half an hour before each meal, the acetate of potassium being taken after the meal.

A direct neurotic treatment is seldom required in elderly people with eczema; strychnine and phosphorus may in certain cases be indicated, but more commonly in connection with or after the alkaline and diuretic treatment previously indicated.

Sedatives are, however, often of the greatest assistance, and are frequently required to secure proper rest at night. For this purpose, phenacetin in five-grain doses, taken with hot water on retiring, often acts admirably, the dose being repeated in an hour if necessary; antifebrin, in six-grain doses, similarly used, is also often of service. Tincture of gelsemium, ten to twenty drops, with a drop of aconite tincture, will often secure perfect rest, even when it has long been disturbed by itching; it may also be repeated in an hour if necessary.

Alcohol is a substance about which it is difficult to speak in general terms in connection with the class of cases which we are considering, for individuals differ so greatly both in regard to its effect upon them and as to their antecedent habits respecting its use, that no hard and fast rules can be given. In general, however, it may be stated that the eczema patient is far better without any alcohol, and unless it seems to be required, he will suffer less from the eruption, and it will be more easily cured and less likely to return if he abstains totally than if he uses ever so small a quantity.

But, on the other hand, care must be exercised in withdrawing alcoholic stimulants from those accustomed to them, and in many instances it is better to allow a certain small quantity of the pure distilled liquors, properly diluted, with the meals, than to deprive them of the same; but if they can be gradually diminished and finally withdrawn with safety, the prospect of a speedy cure will be much improved.

Diet has somewhat to do with eczema in elderly persons, although to a much less extent than in early life. Tea and coffee may generally be taken in moderation, and an ordinary mixed diet of healthful character may be allowed. But in elderly persons, who are taking less and less exercise, the diet should be correspondingly diminished, as has been so admirably shown by Sir Henry Thompson ("Diet in Relation to Age and Activity," London, 1887). The tendency is too often to urge on the patient to take what is commonly called strengthening food, and so the digestive organs are taxed with more than the body requires and can digest, assimilate, and use, and thus the system is loaded with imperfectly elaborated products, while the emunctories are less able than before to rid it of effete substances.

Local Treatment.—For generalized eczema, and that on the trunk and limbs no application is more comfortable and soothing than *R Pulv. calaminæ præp.*, 3 ij; *zinci oxidi*, 3 iv; *acidi carbolic*, 3 j to 3 ij; *glycerini*, 3 j to 3 jss; *liq. calcis*, 3 j; *aquæ rosæ*, ad 3 viij. Sometimes the alkalinity of the lotion is best affected by borax or carbonate of magnesium, and when more astringency is required, two to four drachms of salicylate of sodium may be added to the lotion. This is to be freely sopped over the surface several times daily, or as often as required to allay itching and burning heat, the powder in it being allowed to adhere to the skin, and the part covered only with the ordinary clothing. When there are any exuding surfaces, a trifle of absorbent cotton, loosely pulled apart, may be lightly laid on and allowed to adhere; this comes off on the next application of the lotion, without doing violence to the part, for dressing should never be torn from these raw surfaces. As the treatment proceeds, the raw points lessen in number and size, until the application of the fibres of cotton ceases to be necessary. Care must be exercised, in applying this cooling lotion to a surface of any extent, not to chill the body too greatly, lest serious consequences might ensue in the way of internal disorders and inflammations.

On the more localized patches, especially where there is thickening of tissue with great itching, complete relief can generally be obtained by the use of tar-and-zinc ointment (*R Zinci oxidi*, 3 j; *ung picis*, 3 iv; *ung aquæ rosæ*, 3 jss) when properly applied. This should be thickly spread on the wooly side of pieces of sheet lint, cut to fit the separate patches; these are then firmly bound upon them with a light cheese-cloth bandage, and removed once or twice in twenty-four hours. It is often better to use the same piece of lint for several applications, spreading fresh ointment on them at each renewal. Where the thickening resists the tarry application, a quarter part of diachylon ointment may be added to the above; in still more rebellious patches a little salicylic acid, ten to twenty grains to the ounce, will aid in the absorbing power.

Icthyol and resorcin I have not found of much advantage in elderly people, except occasionally in obstinate erythematous eczema about the crotch; here a two-per-cent. or three-per-cent. solution in water, with a little alcohol, wiped over the surface once or twice daily, followed by the calamine and zinc lotion, will sometimes aid in its removal.

In eczema about the head and face about the most serviceable application is that of a tannin-and-carbolic-acid ointment (*R Acidi tannici*, 3 j; *acidi carbol*, gr. v. to x; *ung. aquæ rosæ*, 3 j), kept continuously applied, and renewed as often as it is rubbed off or soaks in. In some of these cases a calamine-and-zinc ointment, with camphor (*R Pulv. calam. præp.*, 3 j; *zinci oxidi*,

3 ss; tinct. camph., 3 ss; ung. aquæ rosæ, 3 j) will prove more soothing.

In some cases it will be found desirable to abstain from the ordinary use of water for cleansing for days or even weeks. The applications then are simply renewed, without cleansing the parts other than gently wiping off the diseased surface with a dry cloth, or carefully removing crusts which may have become loosened, replacing the application with the least exposure possible.

When cleansing or stimulation is required, nothing is better than the well known green soap—a potash soft soap, lightly applied, diluted at the time of using with some water, the part quickly dried, and the appropriate ointment or lotion at once replaced.

Castile soap, being a soda soap, will generally irritate a delicate and inflamed skin. With the exception of tar soap, which is occasionally employed, I may say that medicated soaps are a delusion, and practically are of exceedingly small utility in eczema or other diseases of the skin.

Baths are often thought to be of much service in eczema, but my experience is that, unless most carefully and judiciously used, they effect, as generally employed, infinitely more harm than good in this disease. One of the worst cases of general eczema which I have ever seen was in the person of an elderly gentleman in whom a moderately localized eruption became irritated so that the whole body and limbs were the seat of a terrific eruption after taking a few sulphur baths. I have also seen Turkish and Russian baths produce more unhappy effects.

But occasionally general baths are required in these cases, and where there is not much moist surface they may be given with advantage, if properly employed. Starch, one to three pounds to a thirty-gallon bath, or a pound or two of gelatin, may be used; the old method of using bran, in a bag, soaked in the bath, is good, but frequently fails to produce enough of a demulcent effect.

Alkalies added to the bath are also of service—carbonate of potash, four ounces; carbonate of soda, three ounces; and powdered borax, two ounces, in the thirty gallon bath, with a pound or two of starch.

Even when thus prepared, the bath should not be taken too frequently, and it is generally well to wait several days between them. The temperature of the bath should be such as to be agreeable—about that of the body or a trifle warmer—and the duration not more than fifteen or twenty minutes. On coming out of the bath the skin should be dried, with as little friction as possible, with heated towels, and a medicated application made to the affected parts as quickly as possible, remembering still the irritating action of the air on diseased skin.—*Fragments from an article by L. Duncan Bulkley, in New York Medical Journal.*

MURIATE OF PILOCARPIN.

The muriate of pilocarpin has come into general use of late in England and is employed under a great variety of conditions. In recent periodicals it has been recommended.

1. To abort colds; the internal administration of 0.02 grm. is said to be sufficient to allay the various disaggreable sequelæ and to restore the patient within a few hours to his usual condition of health (*Lancet*, Jan. 4, 1890).

2. To control the convulsive attacks of hystero-epilepsy; for this purpose it is given subcutaneously in doses of from 0.01-0.02 grm. (*Journ. of Nerv. and Ment. Dis.*, April, 1890).

3. To combat the various forms of convulsions in children; in children under one year it should be given in doses of from 0.002-0.005 grm. three times a day *per rectum* (*Brit. Med. Jour.*, Jan., 1890).

4. To relieve many forms of deafness; Prof. Bronner (*Lancet*, Nov. 28, 1889) has frequently observed restoration of the normal functions of the ear from the subcutaneous application of pilocarpin. According to him the following are the conditions most susceptible to this mode of treatment: (1) deafness the result of acquired or hereditary syphilis depending upon changes in the middle or internal ear, (2) deafness from hæmorrhage or exudation in the inner ear, (3) cases of chronic catarrh with recurring exacerbations, (4) dry catarrh in its incipient stages.

On the Continent pilocarpin has been largely used for the last eight years and for the most part with good results especially in syphilis, puerperal eclampsia, cerebro-spinal meningitis, tetanus, diphtheria, dropsy from various causes, diabetes, scarlet fever, diseases of the skin and influenza. Its use in heart diseases is apt to be attended with collapse.—*Corr. fur. Schw. Aerzte. Jour. Am. Med. Assoc.*

ON THE TREATMENT OF METRORRHAGIA.

Dr. A. W. Edis, in the *Brit. Med. Journ.*, June 7, 1890, writes that in metrorrhagia a correct diagnosis being the first and most important element of treatment, it follows as a matter of course that having ascertained the presumed cause we know then what our plan of action should be. Still there are some practical hints which may be found to be of value to some. Where the hæmorrhage results from constitutional or general conditions it is not always wise to attempt to check the flow at once, unless it is producing such an effect upon the system as to suggest the expediency of arresting it at all hazards. In certain cases of heart disease uterine hæmorrhage, in place of aggravating, seems to relieve the cardiac symptoms, and should not, therefore, be hastily repressed. Strophanthus, digitalis, and aconite here prove,

most useful. Where the action of the liver seems to be at fault, attention to diet, abstention from alcohol, and the administration of a few grains of calomel, blue mass, or eunonymin, followed by a brisk saline aperient, will probably be indicated. If albuminuria be present, or if the kidneys seem to be at fault, encourage vicarious action of skin and bowels by means of diaphoretics and purgatives, and follow out any other indications suggested. In cases of menorrhagic chlorosis, bromide of potassium in half-drachm doses has proved of service, iron with strychnine being given between the periods and attention being also given to ordinary hygienic details, to avoidance of tight lacing and of physical overwork. It is well to remember that hæmophilia, scurvy, malaria from residence in damp or marshy districts, lead-poisoning, and other unusual conditions will occasionally explain the presence of metrorrhagia. The more recognition of the cause will be at once a suggestion as to the proper course of treatment.

Where uterine hæmorrhage persists, notwithstanding the employment of constitutional measures, and there is no apparent local cause to account for it, we should without further delay dilate the cervix uteri and explore the interior of the uterus. Numerous instances have been recorded of numerous patients dying from uncontrollable hæmorrhage, where a *post-mortem* examination revealed the existence of some intra-uterine growth, such as a polypus or submucous fibroid, retained product of conception, or fungoid condition of the endometrium, which could readily have been removed or dealt with had appropriate measures been adopted in time.

The insertion of a sponge tent into the cervix uteri arrests the hæmorrhage for the time being, and facilitates subsequent exploration of the uterine cavity. As to any risk of reflux through the Fallopian tube, as sometimes spoken of, it is a mere visionary objection, and need not deter us from employing dilatation in suitable cases. Plugging the vagina is a very unscientific procedure, as well as being unsatisfactory and inefficient. It should seldom, if ever, be resorted to.

It would clearly be impossible in these brief remarks to indicate in detail the methods of local treatment, such as curetting for villous endometritis, removing polypi, operating for cancer, the use of electricity in cases of myoma, the best method of dealing with cases of incomplete abortion, or replacing an inverted uterus. If we have once clearly made out the indications for treatment the remainder is merely a matter of detail. But now and again instances occur where no assignable cause, either constitutional or local, can be made out, and where remedies fail to restrain the hæmorrhage. In such cases the hot vaginal douche may prove of service, or even washing out the uterine cavity with hot water through a double-current catheter, pro-

vided the cervix be patulous enough to admit it. Should this fail it may be considered requisite to wash out the interior of the uterus with a strong solution of iodine or of iron. As a *dernier ressort*, the insertion of a sponge tent into the cervix uteri may be effected.

The reliable remedies at our disposal for checking or arresting uterine hæmorrhage are really very few. Ergot is unquestionably one of the most potent; *Hydrastis Canadensis* is a valuable agent and far too little generally known. In cases of myoma it often proves of service when ergot has failed. *Hamamelis*, which forms the basis of the American nostrum hazeline, is sometimes useful. Quinine and strychnine, alone or in combination, often succeed in checking or arresting hæmorrhage in those cases where the system is much depressed from repeated or prolonged losses. Bromide of potassium in cases of ovarian irritation, and even in hæmatocele, possesses the power of checking hæmorrhage and is equal, if not superior, to any remedy we possess. Chlorate of potassium in combination with ergot has lately been strongly recommended. Opium is beneficial in cases where the loss has already been severe. Sulphuric acid and opium formerly were, and still are, with some practitioners, favorite remedies; also, acetate of lead and opium in the form of pill.

The ordinary astringents, such as gallic and sulphuric acids, have really very little influence in restraining hæmorrhage, and are far too often relied upon. Iron is often of much benefit in those cases where the loss has been very profuse, as in myomata, and where the blood has become so attenuated as to pass readily through the capillaries. Digitalis, in combination with iron, proves most valuable in cardiac complications.

In place, however, of attempting to deal empirically with the effect, we should always endeavor to arrive at a definite opinion as to the cause of the hæmorrhage, and, if we can deal with this satisfactorily, the treatment is very simple.

Prof. Dujardin-Beaumetz (*Therap. Gazeite*, May 15th), calls attention to the happy effect of lactic acid in the green diarrhœa of infants, which is a microbic diarrhœa. It is given in a two per cent. solution, of which a dessertspoonful may be administered every two hours:—

Lactic acid,	gr. xlv
Orange-flower water,	f 3 j
Linden water,	f 3 iv. M.

The following is a good prescription for men after a debauch:—

R. Spirit. ammon, aromatic.,	f 3 iij
Tinct. capsici,	f 3 j
Spirit. lavand. comp.,	f 3 iv
Soda mint,	f 3 ij
Tinct. opii camph.,	f 3 ss-l. M.

(Prof. Brinton.)

THE TREATMENT OF LOCAL AND GENERAL PERITONITIS.

Dr. W. E. B. Davis, of Birmingham, Alabama, considers that the following facts in reference to peritonitis are definitely settled:

1. Simple peritonitis, when caused by a sufficient quantity of chemical irritant, will produce death by the extent of the inflammation.

2. Simple inflammation may terminate in septic peritonitis, by producing a weakened condition of the walls of the intestines, which permit the passage of septic germs from the intestinal canal into the peritoneal cavity.

3. While pathological germs in small quantity may be absorbed by the healthy peritoneum, without producing a peritonitis, the same quantity combined with a chemical irritant may produce a violent inflammation—the irritant having prevented the absorption of the germs and caused the exudation of a nutrient fluid for their multiplication.

4. Large quantities of septic fluids and microbes always produce suppurative peritonitis; yet, a small quantity of either may be absorbed and destroyed, unless the peritoneum has been weakened by antecedent pathological changes.

5. A septic fluid may gravitate into dependent parts of the peritoneum, and become shut up, either by plastic inflammation, or by a coil of intestine, and thus be prevented from producing diffuse peritonitis, but after a time this may rupture and produce death from general peritonitis.

6. The germs of septic peritonitis will be found in the kidneys and other organs of the body, and in quantities proportionate to the extent and duration of the inflammation.

7. The condition of the peritoneum, and the nature and quantity of the product, will determine the rapidity of the inflammation, which usually ends in from forty-eight hours to six days, but death may be produced from shock in a few hours. Tubercular inflammation is always slow in its progress.

The foregoing principles indicate the following rules of treatment:

(a) Promote absorption of the inflammatory products of simple peritonitis as rapidly as possible, and thus relieve the inflammation and prevent the possibility of septic peritonitis.

(b) In the early stages of peritonitis, whether simple or septic, where the cause cannot be determined, hasten the absorption of inflammatory products, etc., with purgatives.

(c) When medical treatment fails to give relief, septic fluids should be removed by operative procedure.

(d) In localized peritonitis, with circumscribed pus formation, the pus should be removed and the abscess cavity drained.

(e) In acute septic peritonitis, operative procedure must be adopted early, or there will be

no chance of recovery offered by the operation, as the inflammation will become more extensive the longer it continues; and, too, there will be so great a quantity of septic germs absorbed into the system that death will result from toxæmia, even though the local inflammation should be remedied by a late operation.—*Virginia Medical Monthly*, 1890.

NOTES OF TREATMENT IN PHILADELPHIA HOSPITALS—ACUTE PNEUMONIA.

The rule is to have the patient kept in bed, with surroundings as quiet as possible, fed with broths and rather scanty nourishment, and made comfortable by allaying prominent symptoms such as fever, pain and cough; in other words placing him generally under conditions most favorable for his recovery. Specific treatment is not aimed at, as the disease runs a short course, and the patient as a rule recovers, except where especially unfavorable conditions are present, such as alcoholism, advanced age or septiciæmia.

At the Medico-Chirurgical hospital, the following pill is frequently given by Dr. Waugh:

R. Quinine,	gr. ii
Acetanilide,	gr. ii
Cocaine hydrochlor.,	gr. $\frac{1}{2}$
M. Ft. pil.	

The cocaine being given as a cardiac tonic. Where there is decided weakness of the circulation, strychnine (gr. 1-60) is also added. Milk punch is also given. Hot flax-seed, jacket poultices are applied to the chest every four or six hours during the first two or three days. Where the urine is scanty, acetate of potash in scruple doses four times a day is added, sometimes combined with the compound spirits of juniper, or spirits of nitre.

Dr. Woodbury prefers cold applications during the first stage of the disease, applying an ice-bag for fifteen to twenty minutes, or longer, every four or six hours, being guided by the amount of fever and pain. In the intervals the chest is anointed with lanoline and benzoinated lard (1 to 3), with oil of turpentine (gtt. xx to 3 i), and covered with carded wool; no poultices. At the very onset of the disease, twenty grains of ipecac may be given with excellent effect. Dry cupping will relieve pain at a later stage but has very little influence, if any, upon the lung. The patient has a sponge bath once or twice a day. The old combination of nitrate of potash and Dover's powder (aa gr. ii) with tartar emetic (gr. 1-40) every two to four hours, answers admirably in sthenic cases,

In children, tincture of verarum viride is used in preference. Quinine hydrochlorate (grs. xx-xl) he regards as a better and safer antipyretic than antipyrin or acetanilide; no agent of this class

should be given when the heart is weak. If the kidneys, on account of lowered blood pressure, are working poorly, ten to twenty drops of tincture of digitalis in half ounce doses of the spirit of mindererus is given, to which he frequently adds twenty drops of the spirits of chloroform, if there is much restlessness. As the rule, opium and alcohol are considered undesirable; if the patient cannot sleep at night, he is given chloral hydrate (re-crystallized) and bromide of sodium (aa. gr. x) in simple elixir (f 3 iv) every two hours. The patient is fed on barley water, milk and beef-peptonoids; no beef-tea or animal broths. During convalescence cocoa of cod liver oil is used.—*Med. Cal.*

TREATMENT OF TUBERCULOSIS IN CHILDREN.

According to Dr. Jacobi, arsenic is a remedy of much usefulness in the treatment of tuberculosis in children, but it is necessary only to administer the drug in small doses. A young patient, for example, could take every day, and that for weeks or months, two drops of Fowler's solution. This dose should be diluted in a sufficient quantity of water, and given three times a day after meals. If any signs of saturation supervene, the dose should be withheld for a time. A second remedy, of almost equal value in these cases, is digitalis. Under the influence of this drug the contractility of the heart muscle is strengthened, and, consecutively, the arterial pressure is increased, and the rapidity of the pulse diminished. The general effect of the increased arterial pressure is to favor the nutrition of the tissues. The choice of the particular preparation of the drug is a point of some moment. Oftentimes the infusion and the tincture are badly borne by the stomach; digitaline, on the other hand, is most to be recommended, either in pills or in capsules, and this can be dispensed with other drugs, such as narcotics or iron.—*Med. Press and Circular.*

THE TREATMENT OF DYSENTERY IN CHILDREN.

Veillard recommends the following mixture in the dysentery of children:

R.—Powdered ipecacuanha 25 grains.
Boil for five minutes in 3½ ounces of water.
Filter and add:
Tincture of opium, from 2 to 4 drops.
Cinnamon water 3 drachms.
Syrup of orange flowers 6 " —M

Dose, for a three-year-old child, one dessert-spoonful every hour, or at longer intervals if nausea is produced. To quiet tenesmus enemata containing tincture of opium, or enemata of infusion of chamomile or of eucalyptus flowers, should be used.—*Annals of Gynecology and Pediatrics*, May, 1890.

TREATMENT OF DIABETES BY ANTIPYRINE.

Dr. Joseph S. Carreau, of New York (*Med. Record*), cites three cases of this disease successfully combated by this remedy. He also states the fact that Dujardin-Beaumez, at a meeting of the Académie de Médecine, March, 1888, praised the happy effects of antipyrine in certain cases of diabetes, especially when the two symptoms, polyuria and nervous irritation predominated. Henri Huchard, at the Société de Thérapeutique, February, 1888, said that he employed antipyrine in a case of symptomatic polyuria resulting from meningo-myelitis, with good effects. He gave from four to six grammes daily, and the quantity of urine was brought down from thirty-six litres to four. He also reported a case of diabetes, where he noticed, in a few days, the sugar diminish from 735 to 271 grammes a day under the use of antipyrine—two to six grammes daily. He also said that the prolonged administration of antipyrine, in his own experience, has never been followed by albuminuria.

M. Panas reported two cases to the Académie de Médecine, April, 1889, where great relief followed the administration of antipyrine. A man aged thirty-eight, passing forty-nine grammes of sugar in twenty-four hours, by taking two or three grammes daily during six days, had all traces of sugar in his urine removed. A woman, aged seventy-three, by taking three grammes daily, for a few days, also received similar benefit.—*Coll. and Clin. Rec.*

Dr. Coplin announces the discovery of a coccus very constantly present in *Sa'p'ingitis*. The growth is in zoogloea masses, abundantly present in the lymph spaces of the tube wall. The coccus is not in the cavity of the tube, and cannot be demonstrated in the caseous contents of the tube, nor in muco-purulent material found in their lumen. It is entirely different from the coccus of gonorrhoea, and will not stain with the ordinary methods used for demonstrating the coccus of suppuration and gonorrhoea. It withstands the prolonged action of concentrated acetic acid when stained with saturated solution of methyl violet in aniline oil water, but bleaches rapidly by any of the mineral acids in ever so weak solutions. Dr. Coplin is at present investigating these micro-organisms and expects to demonstrate their pathogenic character.—*Col. and Clin. Record.*

For Headaches from tobacco or alcohol, the *Kansas City Med. Record* suggests the following:—

R. Spirit. ammoniæ aromat., ℥ xxx
Spirit. chloroformi. ℥ x
Aquæ, f 3 j. M.

To be taken at one dose.

TURPENTINE IN THROAT AND LUNG AFFECTIONS.

Dr. Spohn (*Med. and Surg. Rep.*) says: I have been using pure oil of turpentine in affections of the throat and lungs for some time, and find better, and more satisfactory results, than from any other remedy I ever tried. I use the ordinary hand atomizer, and throw a spray of the liquid into the throat every few minutes, or at longer intervals, according to the gravity of the case. The bulb of the instrument should be compressed as the act of inspiration commences, so as to insure the application of the remedy to the whole surface, which can be done in cases of children very successfully. It is surprising how a diphtheritic membrane will melt away under an almost constant spray of pure oil of turpentine. I now use the turpentine spray when ever a child complains of sore throat of any kind.

In cases of tuberculosis of the lungs, bronchitis, and the later stages of pneumonia, I have found the turpentine inhalation very beneficial. I use an atomizer, or paper funnel, from which the turpentine may be inhaled at will. I hang around the bed, and in the room, flannel cloths saturated with the oil of turpentine, in all cases of catarrhal bronchitis—in fact, in all affections of the air passage; and my patients invariably express themselves as being very much relieved.

Erosions are treated with the unmitigated ichthyol which is applied by means of a camel-hair pencil. Usually good results follow quickly. Pruritus yields to one of the foregoing preparations, or a 10 per cent solution of the remedy in water. The internal exhibition is productive of equally good results constitutionally.

The results obtained by the intra-vaginal method are phenomenal. These remarkable results are attributable to the sorbefacient action of ichthyol. Extensive cicatrices in the vaginal walls consequent to the excessive use of escharotics, disappeared in a short time, whilst parametritic cicatrices became thin, yielding and dilatable. An extensive exudate in Douglas' cul-de-sac which still occasioned abnormal temperature, disappeared after a sixteen-days course of treatment. In a case of gonorrhoeal salpingitis, in which both tubes had for years been transformed into large, hard immobile tumors, the pathological condition improved wonderfully. The right tube evacuated itself completely, while the left tube could after a short time be localized as a circumscribed tumor, which was entirely disconnected from the uterus. Besides being a powerful sorbefacient ichthyol is said to possess anodyne properties, which are most evident when it is applied in the various peri-metritic conditions causing rectal tenesmus.—*Pittsburgh Medical Review.*

EXPERIMENTAL INVESTIGATIONS CONCERNING SUPPURATION.

In a recent thesis Dr. J. de C. Holmfeld discusses the causation of suppuration, and reaches the following conclusions: In all cases of warm abscesses in men submitted to bacteriological examination the existence of microorganisms in the pus has been demonstrated. These microorganisms are few in number and well marked. Rosenbach has described them under the following names: *Staphylococcus pyogenes aureus*, *staphylococcus pyogenes albus*, *micrococcus pyogenes tennis*, *streptococcus pyogenes*. But besides the suppuration due to the presence of microbes, we are able to produce in animals suppuration that is purely chemical and entirely independent of microbes. The author has inoculated, with the greatest antiseptic precautions, the following substances: Essence of turpentine, petroleum, chloride of zinc in 10 per cent. solution, glycerine, and nitrate of silver in 5 per cent. solution. These substances, which produce no appreciable effect upon the rabbit, produce considerable suppuration in the dog. The microscope discovers not the slightest trace of microorganisms in the pus; bouillon and gelatine remain absolutely sterile. These experiments prove that the suppuration is by no means dependent upon the presence of microorganisms in the tissues. The author therefore raises the question whether the suppurative action of the pyogenic microorganisms in the tissues is not dependent upon the presence of irritating substances in the products of secretion or in the bodies of the microbes themselves, for we are able to extract from the cultures and from the body of the *staphylococcus aureus* several chemical substances which are capable of producing a very pronounced pyogenic effect. The author concludes that acute suppuration should be considered as the result of chemical influences upon the organism.—*Gaz. Méd. de Paris.—Jour. of Am. Med. Ass.*

CRACKED NIPPLES.

Dr. Ivan A. Mitropolsky, Moscow, (*St. Louis Med. and Surg. Jour.*) recommends chloral in the treatment of fissured and excoriated nipples. The latter should be kept covered with compresses (soft linen) soaked in a solution of half a drachm of chloral in three ounces of water. The compresses should be changed every two and a half or three hours. When a prolonged application is necessary, it is advisable to use a weaker solution, one-half drachm to six ounces). The solution leaves a thin, whitish, firmly adherent film over the diseased surface, which does not disappear by suckling. Pain and tenderness are said to be strikingly relieved almost immediately; the lesions rapidly healing. Chloral compresses do not have bad effects on nurslings.—*Medical Standard.*

LOCAL USE OF IODOFORM IN DIPHTHERIA.

Dr. Lindley writes to the *Boston Med. and Surg. Jour.* that he has treated nine cases of diphtheria by insufflation of iodoform every three hours. All recovered but one, who died of an intercurrent pneumonia. His conclusions are as follow:

1. It prevents the multiplication of bacteria.
2. It is a soothing local anodyne.
3. It is like alcohol, in having no toxic dose where the patient is suffering from the diphtheritic poison,
4. It is so near impalpable that it reaches all portions of the diseased surface.
5. It adheres for a long time to the surface where it is applied, and thus has excellent local effect before it is absorbed
6. It does not cause nausea, and thus interfere with nutrition.
7. It does not produce diarrhoea or salivation, as is possible from an overdose of the bichloride.
8. It is quickly and easily applied.

Dr. G. M. Brown, in the *Medical Bulletin* for May, makes an earnest appeal to all who are in authority, or who have any influence over patients suffering with pulmonary phthisis, in favor of The Isolation of Phthisis, to prevent the spread of the disease. No healthy person, especially no healthy young person, should be permitted to occupy the same room at night with a patient afflicted with bacillary phthisis. Physicians in attendance upon such cases should warn the members of the household of the dangers of too close contact with the sick. If the one already attacked cannot be saved, it is possible at least, to prevent others from being sacrificed. The germ may remain latent for years after infection, but it is present, ready to break out at the first favorable opportunity. If every physician would do his whole duty in this matter, so as to limit the spread of the disease, much would be accomplished toward reducing its ravages,—*Coll. and Clin. Record.*

AN ANTISEPTIC FOR MIDWIVES.

The Paris correspondent of the *Pharmaceutical Era* writes that the Academy of Medicine has formulated the following antiseptic powder to be dispensed to midwives, upon their order in writing:

Corrosive sublimate,	3.8 grs.
Tartaric acid,	15.4 "
Five per cent. solution of indigo carmine,	1 drop.

Mix and dry.

Each powder to be dissolved in one quart of water, must bear the regulation orange-red label, with the words "Corrosive Sublimate. Poison."

INJECTIONS OF SULPHATE OF COPPER: IN DYSENTERY.

Dr. W. Easley reports an interesting cure of dysentery by injections into the rectum of sulphate of copper. The patient had been suffering for about a month with the usual symptoms of the disease, and had been treated to little purpose with bismuth, gallic acid, and ipecacuanha. Finally, when he was growing worse, a solution, consisting of ten grains of sulphate of copper and one drachm of tincture of opium, in four ounces of water, was injected high into the rectum by means of a soft rubber catheter. The injection caused no pain, in a few hours tenesmus was relieved, and blood ceased to pass. On the two following day a small amount of blood reappeared, and the injections were repeated, but from that time convalescence was rapid.—*Lancet.*

Noticing some peculiar Effects of Cocaine, such as very rapid and painful swelling of the soft parts about the face, when it was administered hypodermically in that locality, Dr. J. W. Strickler, of Orange, N. J., states (*Med. Record*, March 1st. 1890) that having had this experience, he would not again inject a solution of cocaine (even a four per cent solution) into loose areolar connective tissue, in the region of the face, without, at least, informing the patient of the possible result, and he is quite confident that if his patient had known, prior to the injection, what he subsequently learned about the peculiar effect of cocaine upon him he would have objected to its use. He considers the employment of a ten per cent. or a fifteen per cent. solution of cocaine both unnecessary and hazardous for the production of local anæsthesia, such as is necessary for the painless removal of small tumors. Cocaine is an agent of great power and usefulness, but one which must be used with caution.

Dr. S. S. Burt (*Med. Record* April 12th 1890), in an article on "Pulmonary Consumption in the Light of Modern Research," concludes that Phthisis Pulmonalis is an infectious disease, only the soil must be fertile or the bacteria will not take root and grow; that the inheritance of the affection is simply the descent of the degraded cells presenting a vulnerable point for a possible encounter with the vagrant germs. That all specific treatment is futile, in view of our present knowledge; and though persistent destruction of the infectious matter is our best means of prophylaxis, yet to restore the vitality of the lung tissue is as important as to destroy the tubercular bacilli. And, moreover, not a few cases of phthisis have a self-limitation, which is a comforting thought for whoever is afflicted, while at the same time it is a disquieting reflection for the numerous noisy advocates of the very latest unfailing remedy.

THE ADMINISTRATION OF SANTONINE

Dr. Lewis, of Berlin, states that santonine should be given in its least soluble form, as the desired effect is not a general, but a local one. He recommends the administration of it in some oil, such as cocoanut oil, olive oil, cod-liver oil, or castor oil. Some of the ethereal oils, which are so destructive to the lower forms of animal life, would be suitable in this connection.—*Canada Practit.*

RINGWORM OF THE SCALP.

The treatment consisted (*Med. Analec.*) in the application of a one per cent. ointment of protochloride of iodine in lanoline. Every second day the head is sprayed with warm water, and then it is dried and rubbed for some time with this ointment. It is possible by this means to cure ringworm of the scalp within a few months without resorting to epilation.

HEADACHES FROM ALCOHOL AND TOBACCO.

The following is said, *St. Louis Med. & Surg. Jour.*, to be an excellent "straightener" after the too great consumption of alcohol and tobacco:

R.—Spts. ammon. aromat., 3 ss
Spt. chloroformi, m x.
Aque, 3 j.—M.
Sig.—Pro dosi.

DISAPPEARANCE AND RETURN OF TUBERCLE BACILLI IN THE SPUTUM.

Upon the basis of bacteriological investigation Wintermitz concludes that an incomplete disappearance of tubercle bacilli from the sputum renders a new exacerbation of the process possible, although the ordinary clinical aspect of the case may be favorable; while even a complete disappearance of the bacilli does not exclude a return of the destructive processes. For these reasons he ascribes the greatest importance to the character of the clinical signs, while positive and negative evidence on the part of the bacilli only serves to increase the importance of the former.—*Cent. f. Bact. und. Parasitenkunde. Jour. Am. Med. Assoc.*

LOCAL APPLICATION FOR DIPHTHERIA

This formula, to be used as a local application in the treatment of diphtheria, is quoted in the *Medicinische-chirurgische Rundschau*:

R. Carbolic acid, 1½ to 2½ drachms.
Camphor, 5 to 7½ "
Tartaric acid, 4 to 10 grains.
Olive oil, 9 to 12 drachms.
Alcohol, 2½ "

To be applied with a soft brush.

PRESCRIPTION FOR IMPETIGO CONTAGIOSA.

Saalfeld recommends the following somewhat elaborate ointment in the treatment of impetigo contagiosa (*Medicinische-chirurgische Rundschau*):

R.—Potassium carbonate . . . 1 part.
Olive oil 10 parts.
Zinc oxide } of each . . 15 "
Starch }
Salol 5 "
Sulphur 6 "
Lanolin 100 "—M

Dr. B. W. Richardson, of London, England (*The Asclepiad*, 1890), states that when a patient is lying in collapse from chloroform or other cause, let no one attempt to resuscitate by means of the direct action of the galvanic current, either through the respiratory or the cardiac organs. If by the current we call forth active movements, either of the respiratory muscles or the heart, it is like a whip to a jaded horse at bust, and merely exhausts more speedily a failing centre of force which it does nothing to re-supply, and, as we now see, with a possible antagonism of action between the effect produced on the diaphragm and the heart. The whole value of treatment in cases of the kind named rests exclusively on the teachings of experiment, and if experiment with the galvanic current is opposed to the method specified, the practitioner who knowingly employs that method in a desperate extremity, is not only acting perversely, but wrongly and foolishly. Better do nothing, till knowledge shows the right, than do the wrong thing for the sake of doing something.

DROPSY FROM HEART DISEASE.

Dropsy from heart disease arises from a failure of the heart's muscle and a consequent dilatation of that organ, or to a secondary involvement of the kidney resulting chiefly from anæmia or venous congestion. In either case the primary trouble is the gradual decline in the heart's power. In these cases Prof. DaCosta has prescribed an excellent combination in the following proportions.

R. Tr. belladonna, m i
Tr. digitalis, m v
Sol. nitroglycerin.,
1 to 100 (in alcohol) m ii

M. Sig. To be given at a dose.

—*New Eng. Med. Monthly.*

Emulsion of cod liver oil is made by taking equal parts of lime water and the oil. Add a small quantity of wintergreen or oil of almond to flavor. It will agree in many instances with a delicate stomach that will not tolerate the pure oil.—*Kansas Med. Journal.*

ANTISEPTIC PASTE.

Socin recommends the following paste to be used in place of other antiseptic dressings on regions where it is difficult to apply a bandage (*Medicinische-chirurgische Rundschau*, May 15, 1890):

R.—Zinc oxide 12½ drachms.
Zinc chloride 75 grains.
Distilled water. 12½ drachms.—M.

This paste should, if possible, be used when fresh. It dries quickly, forming a strong crust which can be still further strengthened by incorporating a small amount of cotton-wool with the paste.—*Med. Progress.*

TREATMENT OF PROFUSE MENSTRUATION.

The following prescription for cases of profuse menstruation is quoted by the *American Practitioner and News*:

R.—Dialyzed ergotin 10 drachms.
Glycerine 5 "
Salicylic acid 30 grains.
Distilled water 2½ ounces.—M.

One teaspoonful diluted with three teaspoonfuls of water to be injected into the rectum after stool once daily.—*Medical Progress.*

THE PREPARATION OF BEEF JUICE.

According to the *Dietetic Gazette*, the following is the proper method of extracting the juice from beef: Broil half a pound of beef for a moment over a hot fire, then score it thoroughly, and with a lemon squeezer press out the juice. Add a pinch of salt, and warm before administering.

FORMULA FOR THE HYPODERMIC ADMINISTRATION OF ERGOTININ.

Baroni uses the following formula for the hypodermic administration of ergotin in:

R. Ergotin } of each 3 grains.
Lactic acid, }
Cherry-laurel water, 5 drachms,
Distilled water, 3 ounces.—M.

The dose of this is from fourteen to eighteen drops.—*Gazette de Gynécologie*, June 1, 1890.

NITRO-GLYCERIN vs. ALCOHOL.

(*London Lancet*) lauds nitro-glycerin as a quick stimulant in place of alcohol. In its favor are: small bulk (1 drop of a 1 per cent. solution is the ordinary dose), rapidity of action, the fact that it can be given to an unconscious patient by simply putting a drop on his tongue—*N. E. Med. Journal*.

TREATMENT OF TONSILLITIS.

Dr. Haberkorn (*Centralbl. f. Chirurgie*) has employed with excellent results in the different forms of tonsillitis, applications of salicylic acid crystal with the brush to the affected parts. The mucous membrane is covered with the crystals, which dissolve slowly, protecting the healthy tissues and destroying the infectious matter. The applications are made morning and night, and are not attended with discomfort in children over two years of age. Under their use the inflammation rapidly subsides, and the exudations are cast off. If the latter are extensive and thick, they should be previously dissolved by brushing with a solution of pepsine, 3 ss, muriatic acid, 8 gtt., water 3 v, and glycerin, 3 ss. In addition to the local treatment the author recommends a mixture consisting of acid salicylic, 3 ss, solut. gum arabic, 3 iiss, syrup rubi idæi 3 ss; one tablespoonful every two hours. This mixture reduces the fever, and affords great relief to the local symptoms.

In cases where the inflammation is of a more chronic type, the following mixture administered in tablespoonful doses every three hours is very effective:

R. Acid tannic, gr. xv.
Tinct. iodi, gtt. ii.
Aqua, 3 vi.
Glycerin, 3 ss.

In cases of quinsy the formation of an abscess may be aborted by applying the following:

R. Acid tannic, gr. xv.
Tinct. iodi, 3t. ii.
Acid carbolie, 3 ss.
Aqua, 3 iiss.
Glycerine, 3 ss.

—*Jour. Respiratory Organs.*

TREATMENT OF TAPEWORM.

Dr. W. A. Rape, of Ballinger, (*Daniel's Med. Jour.*) advises the following treatment of tapeworm. Half drachm of chloroform is to be given in a bland, acceptable vehicle, to be followed in half an hour by

R. Ol. tigllii, gtt. iv.
Ol. ricini, 3 iv.
Glycerini, 3 iv.
Aq. destil ad, f 3 xvi.

M. Sig. Give two teaspoonfuls three hours apart, regularly, till the worm is expelled.

Give salicylic acid in small doses every three or four hours during the day for three or four days, being careful to keep the bowels open. The patient should fast for twenty-four hours previous to beginning the treatment.—*Med. Standard.*

For superficial Burns, Mr. C. Heath, of London, recommends a mixture of two parts of castor oil and one part of collodion.

ANTISEPTIC DRESSING AFTER VACCINATION.

Dr. John Bark describes, in the *British Medical Journal*, an antiseptic pad which he is in the habit of applying to the vaccinated arms of children on the eighth day, at which time the dangers of septic absorption begins. The pad is as follows: It is composed of either boracic or eucalyptus absorbent cotton wool, or of Hartman's perchloride wood wool wadding (the best, because most absorbent), the whole covered at the back and edges by antiseptic gauze. It is fastened to the arm by two straps of soft, half-inch tape, and is prevented from slipping down by another tape passing from the upper border to the opposite axilla. This is retained in position for six or seven days, by which time the inflammatory infiltration has usually entirely disappeared, and a hard scab replaced the vesicles. The advantages he claims for this protector are:

1. It protects the arm from external violence.
2. It absorbs all discharge.
3. It reduces the risk of septic absorption.
4. It cannot be used a second time, like the ordinary shield.
5. Lastly, and not least, is its extreme cheapness.—*Times and Register*.

STROPHANTHUS IN INFANTILE DISEASES.

M. Moncorvo has treated infantile diseases with strophanthus, and comes to the following conclusions: As a diuretic and for combating cardiac disturbance, strophanthus is invaluable in infantile therapeutics. Its action is prompt and energetic. It is perfectly innocuous. The tincture in mitral or aortic lesions with hypostole and oliguria restores cardiac tone, regulates the rhythm, and strengthens the pulse. In infantile pneumonia or broncho-pulmonary affections, accompanied by cardiac weakness, strophanthus is a valuable heart tonic. M. Moncorvo has not observed any marked influence on the nervous system or temperature. The action of strophanthus persists long after the treatment has been discontinued. M. Moncorvo employed an alcoholic tincture in doses varying from four to twenty-eight drops in twenty-four hours.—*Amer. Practitioner and News*.

HÆMORRHOIDS.

Dr. F. T. Field (*Med. World*) has treated a case of hæmorrhoids, during gestation, successfully by the following:

R.—Antipyrine, 3 j.
Bismuth subnit., 3 j.
Ft. suppos. No. xij.

Sig.—One to be used on going to bed, and another after bowels had moved in the morning.

ARISTOL.

According to Fichhoff, aristol is destined to replace iodoform, iodol and soziodol, on account of its innocuousness, its energetic action and its lack of odor.

It is produced in the form of a reddish-brown amorphous precipitate, when an aqueous solution of iodine with iodide of potash is treated with a solution of thymol in caustic soda. Chemically speaking, it is a biniodide of dithymol.

It is insoluble in water or glycerine, slightly soluble in alcohol, and readily soluble in ether.

This new drug is used, either mixed with cold oils, or it is applied in powder directly to wounds or burns. It is not absorbed, and does not possess the toxic properties of iodoform.

It is as efficacious as chrysarobin in psoriasis, and, moreover, does not stain the skin, and does not provoke conjunctivitis.

Fichhoff employs the following pomade:

R Aristol, 3 to 10 grammes.
Vaseline, 30 "

After the application of this to the diseased parts, they are enveloped with rubber tissue. The dressing is renewed two or three times a day, directly after washing of the parts.—*Le Bullet. M. d. Med. Review*.

CARBOLIZED OIL IN SCABIES.

Dr. Tresilian has used carbolized olive oil (1 in 15 of oil) as a local application in eight cases of scabies in children and adults. The remedy was found to act as efficiently as sulphur ointment, over which it possesses the advantage of being far more pleasant. The local anæsthetic effect of the carbolic acid relieves the pruritus almost instantaneously. The carbolized oil treatment is especially appropriate in cases complicated with dermatitis. For in these cases, the sulphur, though it might kill the acarus, would be apt to aggravate the dermatitis.—*Brit. Med. Jour*.

FLATULENT DYSPEPSIA.

Dr. Eloy, *Therap. Gaz.*, suggests the following:

R.—Creasot. pur. gtt. ʒ.
Sodii. bicarb. ʒij.
Acacia. pulv. q. s.
Aque. f. ʒv.—M.

Sig.—A coffeespoonful one hour after each meal. If the dyspepsia be dependent upon gastric atony and insufficient gastric secretions, the following is suggested:—

R.—Pepsin. ʒj.
Creasot. gtt. x.
Bismuth Subcarb. ʒj.—M.

Divide into chartas xxx, of which one may be given in a gelatine capsule.

DIET IN URINARY INSUFFICIENCY.

Dujardin-Beaumetz concludes: Two principles should form the basis upon which the dietary for patients suffering from urinary insufficiency, as also for albuminuric cases, is built, viz:—(1) To prevent, as far as possible, the formation of poisonous products or toxins in the system; (2) To reduce to a minimum the quantity of toxins introduced into the organism. Hence all forms of meat should be forbidden, especially ham, which is apt to be tainted, for it is an error to suppose the various sorts of meats do not contain ptomaines. As to aliments which may be given, the first place should be given to eggs well cooked, as they have no influence upon the production of albuminuria. Omelettes and starchy matters (especially pure), as of potato and peas; also green vegetables well cooked. For beverages, milk is especially recommended; and if any wine be taken, it should be white wine diluted with water. If any meat at all be allowed, it should *a la mode*, chicken with rice, or fresh pork. From time to time a light purge may be given, and by rigidly adhering to the principles concerning diet above laid down, life may be prolonged for a long time.—*Med. Age*.

LASSAR'S TREATMENT FOR BALDNESS.

First stage: A strong tar soap is applied to the scalp for at least ten minutes. Second stage: Removal of soap by a tepid water douche, the water to be gradually cooled, the scalp to be well dried afterward. Third stage: The scalp to be shampooed with the following solution:

R. Hydrarg. bichlorid, gr. x.
Glycerini,
Spirit rect., aa 3 ij.
Ad. destil., f 3 v. M.

Fiat solutio. Sig. for external use.

Fourth stage: Shampooing of head with absolute alcohol, to which $\frac{1}{2}$ per cent. of naphthol has been added. Fifth stage: the following solution to be well rubbed into the skin:

R. Acid salicyl., gr. xxx.
Tinct. benzoin, f 3 j.
Ol. ped. taur. ad., f 3 ij. M.

New Eng. Med. Monthly.

CHRONIC DYSENTERY.

Dr. F. T. Field (*Medical World*) recommends the following for chronic dysentery:

R.—Tr. opii, 3 ij.
Ol. terebinthinæ, 3 ij.
Gum acaciæ,
Sacch. alb., aa 3 ss.
Ol. gaultheriæ, 3 ss.
Glycerini, 3 ij.
Aquæ, q.s ad. 3 iv.—M.

Sig.—3 j every four, five or six hours, according to the severity of the case.

OL. TEREBINTH IN CROUP.

Dr. Lewentaner recommends the following in croup, having had much success in its treatment:

R.—Rectified oil of turpentine, 1 fl. 3,
Oil of sweet almond, 2½ “
Simple syrup, 3 “
Mucilage of acacia, 10 “
Yolk of one egg.

Canella water, enough to make 3 fl. 3.—M.

Sig.—A teaspoonful every hour for a child ten years old.—*Canad. Practit.*

FOR FUNCTIONAL JAUNDICE.

Dr. Samuel, writing to the *N. Y. Med. Jour.*, speaks highly of the following in functional jaundice:

R.—Sodii phosphatis, 3 ij.
Aquæ pur., f 3 j.

Misce, et ft. solut. et adde:

Tinct. nucis vomicæ, f 3 ij.
Tinct gentian, ad f 3 iv.—M.

Sig.—Teaspoonful three times a day.

CYANIDE OF MERCURY IN DIPHTHERIA

Dr. A. Selldén, *Lancet*, a Swedish provincial medical officer strongly recommends the use of cyanide of mercury in diphtheria; he looks upon this drug almost as a specific. He recommends the following formula:

R.—Cyanide of mercury gr. ½.
Tr. of Aconite ʒ xv.
Honey 3xij.—M.

Sig.—3 j every fifteen, thirty, or sixty minutes, according to the patient's age. A gargle is prescribed to be used every fifteen minutes, composed of cyanide of mercury in peppermint water, in the proportion of 1 to 10,000.

SALOL IN TONSILLITIS.

Salol has proved of much service in the treatment of tonsillitis and pharyngitis, when given in doses of sixty grains *per diem*. It is equally serviceable in scarlatinal angina and suppurative tonsillitis. On account of its insolubility it is prescribed suspended in mucilage, with directions to shake well before using. The diet should be exclusively milk. Under this treatment the dysphagia rapidly disappears, the fever subsides and the progress of the case is satisfactory. In exceptional cases the dose may be increased to ninety grains *per diem*.—*Dr. Cougenhenheim, in The Formulary.*

HICCUGH.

Dr. Brinkerhoff writes to the *N. Y. Med. Jour.*, that calamus is an excellent remedy for hiccough. He has used it in some cases of an aggravated nature, and always successfully. Only a small quantity is needed.

CREASOTE IN DIABETES.

The *Lancet* says, two cases of diabetes have been treated with excellent results by Valentini, by means of creasote administered internally. In one case, four drops per diem were given at first, this quantity being afterwards increased to ten drops. Under this treatment the sugar disappeared, and did not return when the patient began to eat starchy food. The other patient was given six drops per diem, and did equally well.

FOR IRRITABLE BLADDER.

Dr. W. P. Chunn writes to the *Maryland Medical Journal* that the following prescription has been found to allay incessant desire to urinate, and irritable bladder, when due to phosphatic deposits in the urine :

R. Acidi benzoici 3ij
Sodii boratis 3ij
Aque f 3xij

M. Sig. Tablespoonful three times a day.

This mixture has upon two occasions acted so efficiently in what was thought to be cystitis that cystotomy was dispensed with.

TREATMENT OF DYSENTERY.

Dr. L. H. Davis writes to the *Memphis Med. Monthly*, stating that he has found the following combination for a suppository very efficacious in acute dysentery. He uses it after a saline aperient, and has found it more successful, in quite a number of cases, than any other treatment. He says it has proved especially applicable when an irritable stomach was present from the first, thus preventing the satisfactory use of ipecacuanha :

R.—Cupri sulphatis,
Zinci sulphatis,
Morphiæ sulphatis, aa gr. ij.
Plumbi acetatis, gr. iv.
Ol. theobrom. q. s.

M.—Ft. suppos. No. viii.

Sig.—One to be introduced as indicated, or after each action of the bowels.

He usually follows the saline by the internal administration of tincture of nux vomica and quinine, and a restricted diet.

GALL-STONES.

In the case of a woman who had passed gall-stones, Prof. Bartholow (*Med. World*) directed 1-20 gr. arseniate of sodium ter die, and :

R.—Sodii phosphate,
Sodii sulph., aa 3 ss.

Sig.—Ter. die in water.

TONSILLITIS.

The following has been a very useful gargle in the treatment of tonsillitis, and is highly recommended :

R Tr. guaic. ammoniat.,
Tr. cinchonæ comp., aa f 3 iv
Potassii chlorat. 3 ij
Mel, desp., 3 iv
Pulv. acaciæ., q. s.
Aque., q. s. ad. f 3 iv M.

Sig. Use as a gargle, and take a teaspoonful every two hours.—*New Eng. Med. Monthly*.

DYSPEPSIA.

The following (says Dr. I. N. Love, in *Med. Rev.*) is good for fermentative dyspepsia :—

R.—Acid carbolic. gr. vj.
Tr. nucis vom. f 3 ss.
Acid nitro. mur. dil. f 3 ss.
Elix, lacto. pep. f 3 ij.
Spts. frumenti. f 3 ij. M.

Sig.—3 j. tid. ante cib.

NEURALGIA.

A writer in the *Courier Méd.* gives the following as useful in neuralgia :

R.—Alcohol, camphorat., 90 parts.
Etheris, 30 "
Tinct. opii, 6 "
Chloroform, 20 " —M.

Sig.—Apply on flannel.

Dr. Finger recommends sub benzoate of bismuth as a valuable substitute for iodoform in soft chancre. The drug is a white, fine powder, obtained by heating subnitrate of bismuth with hydrochloric acid. The advantages of iodoform in rapidly cleaning and healing the wound are also obtained from sub-benzoate of bismuth which, besides, has the great advantage of being absolutely odorless.—*Berlin Corresp. Med. and Surg. Reporter*.

DYSPEPSIA.

Dujardin-Beaumetz offers the following powder as being very useful.

R Maltini*)
Pulv. sodii bicarb.....aa 1,0 gr. (gr. xv)
Magnesii calcina..... 2,0 gr. (gr. xxx)
Pulv. sacchari albi..... 10,0 gr. (3 iiss)

Misce bene et in pulv. no. xx. div.

Sig.—A powder after each meal.

—*L'Union Médical—The Satellite*.

*) Powd. Extr. Malt.

HYPERTROPHY OF THE PROSTATE GLAND.

A Clinical Lecture delivered at the Montreal General Hospital, May 16 1880, by Dr. Francis Wayland Campbell, Dean and Professor of Practice of Medicine, University of Bishop's College.

GENTLEMEN,—The patient, J. F. L. now before you, is about 58 years of age and with more than the average intelligence of his class. He dates his trouble to about five years ago—when he noticed a more frequent desire to urinate during the day and night, and the act was accompanied by a burning sensation. This continued for some six months—when he consulted a medical man, under whose care he was for a long time, but did not get relief. He then treated himself, by sweet spirits of nitre, which seemed beneficial for a time, but one day about two years ago catching cold, by a wetting, he had retention of urine. Since then he had regularly used the catheter several times a day and several times at night, though he can pass a small quantity of urine. He has been in the habit of using an ordinary gum-elastic catheter, and upon several occasions, its introduction has caused a severe chill, followed by fever, necessitating his keeping his bed for some days. The specimen of urine which he brings with him is cloudy and contains much mucous, and is very acid. On examination per rectum I find that the prostate gland is much enlarged, which is the primary cause of all the man's trouble. I will place him on a mixture containing bicarbonate of potash, tincture of hyocyanus and camphor mixture, and under a suppository of 2 grains of exgotine and five grains of iodide of lead with cocoa butter to be introduced into the rectum every night on going to bed.

A variety of hypotheses have been advanced to account for enlargement of the prostate gland, but the consensus of opinion is that none of them cover the ground. Some believe that it is a disease of advanced life. Although it is seldom met with before fifty, yet taking a large number of men at that age and over, their prostate will be found normal. The condition is therefore generally believed to be a pathological one and not physiological. There is a strong analogy between the muscular tissue of the uterus and of the prostate, and both, after middle life seem to have a tendency to develop fibrous tumors, for it is the muscular tissue and not the glandular tissue of the prostate, which in the vast majority of cases is enlarged. The extent to which the gland enlarges varies. It has been met with the size of a man's fist or a small orange, but this is rare. Its enlargement does harm mechanically, and causes lesions in other parts. The immediate result is a deviation in the direction, and as a rule a diminution in the size of the prostatic urethra. As a result of the enlargement there is an obstruction to the flow of urine from the bladder, and this obstruction often

results in retention, which becoming great, causes paralysis of the bladder from over-distension.

A catheter with an ordinary curve must strike against this obstacle, and refuse to enter the bladder. Any attempt at forcing can only result in mischief, which may be followed by serious consequences at the time or troublesome consequences even after. The obstruction to the free flow of urine, calls for an increased effort on the part of the bladder to force it out. This causes hypertrophy of its wall, but the bladder muscles, at its base, are generally in a state of congestion, and are unable to contract sufficiently to bring the flow of the tissue, above the level of the obstruction at the mouth. In consequence, after each urination there is left behind a small quantity of urine, which does not give rise to any symptoms. It becomes mingled with the fresh urine entering the bladder, is partially passed off, and replaced by fresher fluid. After a time, however, the mucous from the congested mucous membrane around the base of the bladder, being in part retained in the residuum, acts upon the urine setting up decomposition of urea, and liberate carbonate of ammonia. This irritates the mucous membrane of the bladder, increases its congestion, which produces a new supply of mucous, and thus the mischief goes on increasing, which is helped by the natural acidity of the urine. The mucous membrane at the outlet of the bladder becomes hyperæmic and thickened, and the obstruction to the flow of urine is increased. In this way from month to month, the amount of urine remaining undischarged increases, and the bladder gets less and less able to empty itself. Finally retention comes on, generally excited by a chilling of the feet and legs which produces an active inflammatory congestion to an already existing enlargement, this congestion being sufficient to shut up the urethra completely. This hyperemia may subside in a few hours, if the patient is kept warm, and he may thus be able to void his urine. If not, surgical interference is necessary and a catheter is introduced or the accumulation may go on to overflow. This stretching of the bladder, weakens its muscular fibres, and the consequence very often is, that the organ is left in a state of atony. Although the bladder may continue to perform its function, expelling the excess of urine above the residuum, the amount of residual urine is greater, and the power of expulsion less. The congested mucous membrane around the vesical neck, and in the prostatic urethra is kept irritated by the partly decomposed urine, so that it requires but a slight cause to bring on another retention each such attack leaving the bladder in a more helpless condition. Another result of retention is the occasional development of sacculi, which helps much to increase the mischief. The ureters often become involved. They get dilated and congested, as also does the pelvis of the kidneys, and at last there is excited

a mild inflammation of the cortical and medullary structure of the kidneys. The pressure of the enlarged prostate occasions also congestion of the hæmorrhoidal vessels, while the violent straining in attempts to void urine, often induce prolapse of the rectum. The urine is often alkaline, or even if slightly acid, it has an ammoniacal odor, and often a sickening smell. If the urine is decidedly acid, it is so, because its acidity has not been neutralised by mixing with the alkaline residuum. Whatever urine has been alkalized deposits crystalline and amorphous phosphates. It is murky and cloudy and filled with ropy mucous. What I have said represents the usual changes, which occur in the majority of cases. There are many variations. The patient may be able to evacuate his bladder entirely, but the obstruction to the return of venous blood from the bladder walls, produced by the pressure of the enlarged prostate, keeps up a congestion about the floor and neck of the organ. The result is irritability or a constantly recurring desire to empty the bladder. This condition comes on gradually. The patient sometimes cannot tell precisely when his troubles began. He notices perhaps, or the fact may escape his notice, that he rises earlier than usual to evacuate his bladder. Soon, however, he finds that he awakens twice during the night, with a sense of fullness in the organ. He passes water and goes to sleep again. During the day time he has to urinate to a little more frequently than was his wont. This condition gradually gets worse; the intervals between his making water gets shorter at night, he rises every hour, and is constantly annoyed by an obscure sense of weight about the lower part of his belly. His bladder is never empty, but he does not know it. He cannot force the stream out at once. Sometimes there is a delay of a minute or less before the flow begins. When it does come it is not projected away from him with any force, he cannot make the "*coup de piston*," the final spasmodic closing of the urethra, and a few drops flow away when he returns the organ to its resting place. The condition of things is now ripe for an explosion, the cause alone is wanting. At last it comes. He dines out, drinks a little more wine than usual and neglects to urinate; or he gets a wetting or his feet get chilled, and he suddenly finds that he is unable to make water. If not relieved by the introduction of a catheter, over distension occurs, and it commences to dribble away. He fancies that his trouble is ended, for his torment has been dreadful; but his relief is not what he expected. His previously existing troubles are increased, pain in the perineum, annoying in character, supervenes, digestion is impaired, appetite fails, is worn out by loss of sleep, ages rapidly, becomes fretful and irritable, and has no pleasure in life. When a patient comes to you complaining of such symptoms as I have described he should be placed on his back, with his knees elevated, and a

digital examination made through the rectum, only by this means, can general prostatic enlargement be made out. In place of the soft, chestnut like body, hardly recognizable, the finger will meet with a dense rounded mass, generally smooth, but sometimes nodulated. The next step is to presuse and procure the hypogastrium, with a view of making out the condition of the bladder. It is just possible that with a finger in the rectum, and palpation with the other hand, some information may be gained as to the condition of the prostate. As a rule, however, it only reveals the fact that pressure above the pubis, excites a desire to urinate, from transmission of the force, to the sensitive part of the bladder. Sometimes this organ is as large as a child's head, and extends as high as the umbilicus. Generally the patient is unconscious of its existence. If he is able to make water, there is very little force to the flow. Sometimes there are two streams, one projected, the other dribbling. If desired to strain, when the stream is flowing, instead of becoming larger, or showing increased force, it may be diminished both in size and force. Urine so voided, is as a rule cloudy, bad smelling, and contains flocculi of pus, and stringy mucous. When he has voided all he can, if a catheter be introduced, very often a considerable amount of residual urine can be drawn off. Such cases are favorable for prognosis, if the patient can be brought to introduce the catheter, for by keeping his bladder from overfilling, he can avoid his most disagreeable symptoms, continually recurring desire to urinate. In introducing a catheter, especially in an old man, great caution should be exercised. A large size should always be used. If a silver one be employed in this disease it should have a short curve. It will usually go smoothly till the triangular ligament is reached, when it may require a little coaxing, but on no account should force be used. It will then pass on till a depth of six or seven inches is reached when it will stop. It has come against the enlarged prostate, or got into a false passage. A rectal examination will tell you which. If the obstruction is an enlarged prostate it is dangerous to proceed further with the instrument in use. Some years ago, and still in many parts of the country the gum elastic catheter was the one selected. Failing a new modern instrument, it may be employed, and when the obstruction is reached by partially withdrawing the stilette, such a curve is given to the point that it very often will reach the roof and slip over the prostate and enter the bladder. The instrument, which in my hands has given me the most satisfaction is the French catheter, named after its inventor Mercier. It is an elbowed instrument having a fixed angle or it may have two angles. The English makers now furnish a somewhat similar catheter, but I do not like them. They are not equal to the French, they are too stiff

and their angles are too obtuse. The point of this Mercier catheter follows the roof of the canal or strikes an obstacle upon its inclined surface, at an angle, which enables it to ride over it. This catheter answers well for all cases of general enlargement, but occasionally the canal is so deviated by irregular lateral growths, that it will not pass. For this condition several instruments have been invented, and I know of none better than a simple soft rubber catheter such as I now show you. It looks like a piece of ordinary rubber tubing, closed at one end, and with an eye. It should be oiled before being introduced. It will sometimes find its way, when all others fail. I now come to the practical part of my remarks, viz :

The treatment. Although the patient may not be susceptible of cure, much may be done to render his life comfortable. The catheter is the natural specific for an enlarged prostate. As I have spoken of the kinds of catheters, most suitable, I will now direct how they should be used. When the patient has passed all the urine he can pass voluntarily, he should be placed with his back against a wall, and the instrument well oiled, introduced into the urethra and pushed slowly down the canal. If the proper one has been selected it will pass readily into the bladder, when a very considerable amount of urine will flow from a bladder, which the patient thought he had emptied. If the patient is weak and you think it not wise to place him against a wall, place him on his back with hips a little elevated, and legs and thighs drawn up and slightly thrown open. So readily does one of these French catheters, enter the organ that in two or three sittings the patient will learn to introduce it himself. That accomplished, he has gained the victory of confidence in himself. If the amount of residual urine in the bladder is large all should not be drawn off at once. If while the urine is being drawn off, the patient complains of faintness the catheter must at once be withdrawn, and the patient placed on his back, with his head low. With a soft catheter, without a stylet, it is practically all but impossible for an old man to do himself any considerable injury, but with a silver instrument it is very easy. A little compound liquorice powder taken at night, will be found useful in regulating the bowels and he should take from x to xxx gr. of citrate of potash, three times a day. Merino in summer and flannel in winter should be worn next the skin. Woolen stockings should be constantly worn. The feet are the most distant from the centre of the source of body heat, the heart. The venous blood has great natural difficulty in getting out of them, yet they are the worst protected part of the body, especially in old men. Horseback exercise must be forbidden, as it tends to increase the congestion about the base of the bladder and this increases irritability. Exercise of other kinds will be

beneficial. An ordinary case does not require any change in diet. In introducing the catheter, as nearly as possible the normal periods of urination should be observed. If an instrument cannot find its way into the bladder then the aspirator should be used twice a day over the pubes—meanwhile continuing to make efforts to get in. If you still fail then it will become necessary to make a permanent opening above the pubis. To wash out a bladder when there is a congested mucous membrane, secreting large amounts of mucous, is a cardinal point of treatment. By this means the last drops of residual urine, with pus and stringy mucous, are diluted and drained away, and no ferment is left behind to decompose the healthy urine as it flows from the ureters. The congestion around the neck of the bladder is soothed, and this is a great point. The best method of washing out the organ is to use the ordinary flexible catheter. I have no faith in the double current catheter. Warm water should be used. It is soothing as well as cleansing, and a temperature of about 99 should be obtained. The best kind of syringe is a rubber bag, holding about four ounces, and provided with a metallic nozzle, and stop cock. Just as soon as the patient complains of a feeling of distension, allow the water to drain off through the catheter. The bladder may be washed out several times at one sitting—in fact till the water flows back perfectly clear. It may require to be repeated once or twice a day for ever after or in mild cases a tri-weekly washing may suffice. It may be necessary at times to use medicated fluids for injections. A good one is the acetate of lead 1-6 to 1-3 of a grain to the ounce of water, or one or two minims of dilute nitric acid to the ounce. For a continuous soothing injection from experience I can recommend the following combination of Dr. Thompson :

R Sodæ Biborat., ʒi.

Glycerine.

Aqua aa M.

Sig. one ʒss. to a ʒiv. injection.

Chlorate of potash, five to fifteen grains to the ounce is also serviceable. The French recommend silicate of soda, a one per cent. solution, to arrest the formation of pus. Nitrate of silver, in a very mild solution—say gr. iii. to ʒi has been recommended—but is now hardly ever used—though I must say I have seen benefit follow its employment. Upon a rare occasion, when great difficulty has been experienced in getting in a catheter—it may be necessary to allow it to remain in the bladder. When this is demanded—only a very soft one should be so employed—for they produce the least amount of irritation, and remain longest without becoming incrustated with urinary salts. In such cases the bladder should be washed out several times a day with warm water. If there are any signs of irritation, the instrument *must* be removed,

When there is real incontinence, where the patient is continually leaking—he should wear a urinal. During the use of a catheter, one or both testicles may swell. This must be treated by rest, elevation of the scrotum and possibly sugar of lead and opium lotion. The continual introduction of the catheter may produce congestion at the neck of the organ, and light up or increase an already existing cystitis. This is most apt to occur early in the disease. Old cases are not generally troubled in this way. When it does occur the urine is apt to be mixed with blood to a variable extent. This need not cause alarm. If the flow of blood is large, and the bladder has power to empty itself to a certain degree, it is advisable to intermit the catheter—otherwise it must be continued, using the greatest gentleness of manipulation. It will generally cease in a few days. In such cases an opium suppository will be found useful. If the bladder becomes filled with a clot, no effort must be made to dislodge it. It will gradually soften, dissolve and come away in the urine, which should be kept abundant by copious draughts of potash water. The atonised over-stretched bladder of an old man does not recover its tone, like that of a young man, and it is better that it should not. The patient should be encouraged not to strain, in attempts at passing water, but he ought to rely on his catheter. A suppository of opium and belladonna is useful if there is much pain and in cases of actual hypertrophy of the prostate, it has been proposed to use ergotine in the shape of suppository—some combine iodide of lead with the ergotine. When the cystitis becomes very marked the patient must keep his bed, have his hips elevated by a hair pillow, so that they will be higher than his shoulders, in this way favoring a flow of venous blood from the pelvis. The head may be raised, but the shoulders must be kept low. A linseed poultice, containing a small proportion of mustard, should be applied over the hypogastrium. Heat applied to the perineum, is grateful to the patient. This is best done by a hot water rubber bag, which is made for this purpose. The rectum should be emptied daily by a hot enema. The only internal remedies are the different alkaline diuretics and diluants. The best is perhaps acerbate of potash in thirty grain doses, three or four times a day—next to this drug is bi-carbonate of potash, combined with tincture of hyoscyamus and camphor water. Acetate of potash and liquor potassa are also useful. These alkalies may be given in linseed tea, which is a good diluant, and even alone are very useful. It may be taken in large quantity and flavored with lemon peel—lemon juice must not be used. As much as three pints a day should be taken. The infusion of buchu or *avu ursi* or *tritlicum repens* or *pariera brava*. Some advise that the tincture of hyoscyamus should not be used on account of its alcohol, and recommend the extract in

its stead. The urine is nearly always excessive acid and the object of giving alkalies by the mouth is to alkalize it in the bladder and thus render it less irritating to the sensitive lining membrane of the viscus. By the employment of the means I have directed, aided by a large share of patience, you will in very many cases be able to make a life endurable, and in some, make him enjoy a life as long and as comfortable as if the bladder was sound. In conclusion, I may say there are not many devices which will call for as much patience and exercise of forbearance on the part of the medical man, as the one which has been occupying our consideration.

GENTLEMEN,—Three weeks ago to-day (June 5th) this patient presented himself before us, and was the subject of a clinical lecture, and I then placed him on treatment. He has been here every week to have his medicine renewed, but to-day I bring him before you again—to show the result. He says that he has greatly improved, and that for a week he has had to rise only once during the night. His general appearance is much better, due largely to the good sleep which he says he now gets. I find his urine still cloudy, and direct that his bladder be well washed with simple warm water. For the present this will be done once a week.

NEWS ITEMS.

All the deplorables and despicables of Germany have been engaged during the last few weeks in the congenial task of kicking the dead lion; but I do not suppose that Prince Bismarck troubles himself about the malevolent inventions of such contemptible vermin. The idea of Prince Bismarck having impaired his faculties by morphia-drinking is really too extravagantly preposterous a fiction for even lunatics to credit, and the even more offensive allegation of 'alcoholism' is not less nonsensical. Prince Bismarck formerly took his fair share of wine and beer, but he is a man of iron head, and certainly never was affected in any way by his potations. The days, however, when he drank champagne, beer, and Rhine wines have passed away. A few years ago Prince Bismarck found his neuralgia benefitted by a daily bottle of strong dry port, the wine being of a special quality which he obtained direct from Oporto; but this was also discontinued when he consulted Dr. Schweninger; and for a long time past his customary beverage has been weak whisky and *Apollinaris*, and even of this only a comparatively small quantity has been allowed.—*London Truth*.

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MONTREAL, AUGUST, 1890.

CANADIAN MEDICAL ASSOCIATION.

The twenty-third Annual Meeting of the above named association will be held in Toronto on the 9th, 10th and 11th of September next. As arrangements have been made with the railroads and steamboat companies for a reduced rate of travel, we hope to see a large number there; and as the hospitality of Toronto is well known we feel certain, that if well supported by the profession, the meeting will be a success. Members who propose presenting papers should notify the secretary at as early a date as possible of the title of the paper intended to be read.

**THE MEDICAL CONGRESS AT
BERLIN.**

The *New York Medical Record* report that from the latest accounts received, the International Medical Congress lately held in Berlin was a great success, over seven thousand medical men being present, repre-

senting nearly every nation on the earth's surface, and we are glad to be able to say that the American continent was more than well to the fore as regards numbers. It was proposed to hold the next Congress (1893) in St. Petersburg, but this was rejected, Rome being decided on as the place of meeting.

BOOK NOTICES.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS, consisting of Original Treatises and Reproductions, in English, of Books and Monographs selected from the latest literature of foreign countries, with all illustrations, etc. Published monthly. Price, \$10.00 a year. Single copies, \$1.00. July, 1890. New York: William Wood & Co., 56 and 58 Lafayette Place.

This volume of the Monographs is fully up to the standard of its predecessors. Within the space of 250 pages it contains five complete works by leading authorities such as Kelsey, Bryant and Pasteur, any one of which alone would cost more than the price of the whole volume. The busy physician must often be puzzled to know just what works to buy, but he need not be if he subscribes to Wood's Medical and Surgical Monographs, for the publishers employ not only able literary medical men to make the selections, but also experienced translators to enable those practitioners who do not understand foreign languages to place themselves in possession of the latest thoughts of the best writers in all countries. We can guarantee that the man who masters all that appears in these volumes during the course of a year will have no cause to be ashamed of his proficiency in professional knowledge.

It might well be called the compound extract of the Medical Journals for the year 1889. When we consider the immense number of costly chromos, lithographs and engravings with which the various articles are illustrated we can well believe the publishers when they say that the work has been published at a loss. Those of our readers who have not seen it should at once order it either by themselves or by joining with four or five confreres in their neighborhood, when we feel sure they will amply bear us out in what might otherwise appear an adulatory criticism.

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES, a yearly report of the progress of the general sanitary sciences throughout the world. Edited by Charles E. Sajous, M.D., and seventy asso-

ciate editors, assisted by over two hundred corresponding editors, collaborators, and correspondents. Illustrated with chromo-lithographs, engravings and maps. In five volumes' 1890. F. A. Davis, publisher, Philadelphia, New York, Chicago, Atlanta, and London. Agencies: Sydney, N. S. W.; Cape Town So. Africa.

We have just completed a hasty perusal of this work, and our impression may be summed up in the one word "Marvellous." We hardly know whether to admire most, the discretion of the editor, the energy of the associate editors, or the courage of the publishers. Some of the articles contain hundreds of references, and in order that these may occupy as little space as possible the ingenious plan has been adopted of giving each of the 850 Medical Journals throughout the world its own number. Thus THE CANADA MEDICAL RECORD's number is 130, and whenever this journal is referred to throughout the five volumes by any of the 270 authors it is always by this number with the date under it, in this manner 130, July, '89. Each of the editors is a well known specialist in his subject, so that it is not to be wondered at that each contribution is written with marked ability; what surprises us most is that men with such enormous practices can find time to devote to such painstaking work. Or only illustrates the adage "that the busiest men have always the most time for more work."

Besides the 850 Medical Journals referred to there are also 250 monographs each with its number. Most of these are by German, French, Italian and Spanish authors.

Much as we were struck with the enormous amount of information contained in the five volumes upon every conceivable medical topic, we were still more astonished by the completeness of the general index by Dr. Summer Witherstone of Philadelphia, comprising over 300 columns of closely printed matter. This index appears to be absolutely perfect; for after thinking a dozen times of papers which have appeared to our knowledge, some of them in obscure medical journals, not once did we fail to find them in this index.

PERSONAL.

Dr. Francis Wm. Campbell, one of the editors of the *Record*, sailed for England in the Allan S.S. "Parisian" on July 31st. He proposes being absent about six weeks.

L'Union Médical gives the following formula of liniment to be used in cases of burn:

Salol	1 gramme.
Olive oil	
Lime water, each	70 grammes.

SUMMER DIARRHŒA IN CHILDREN.

The prevalence of disorders of the gastro-intestinal tract among children, during the warmer months, has, in the more recent history of medicine, caused a more scientific study of these diseases. Dr. B. K. Rachford (*Archives of Pediatrics*, June, 1890,) thinks the chief causes of summer complaint are abnormal intestinal fermentation, both acid and nutritive. In the former case an albumen is indicated, in the latter a carbohydrate. The treatment according to the acidity or alkalinity of the stools, as suggested by Escherich, or by the odor, as laid down by Christopher, is theoretically simple, but practically it does not always give the expected results.

According, then, as a case is caused by the fermentation of albuminous material or carbohydrate, we may formulate the following rules:

1. Avoid albuminous food, (a) when marked constitutional symptoms are present; (b) when in doubt as to the character of the fermentation causing the disease; (c) when the stools are putrid; (d) when the stools contain mucous and blood; (e) when the nausea is constant and not relieved by vomiting.

2. Avoid carbohydrate as a food, (a) when there are no marked constitutional symptoms present, and the stools are continuously acid; (b) when there is much flatus, pain, or urticaria.

3. Where the albumens are to be avoided, the carbohydrates are, as a rule, indicated; and when the carbohydrates are to be avoided, the albumens are, as a rule, indicated.

4. Give foods such as cream, beef broths, and whisky, (a) when the foods prescribed according to the above rules disagree; (b) during the first twenty-four hours in severe acute cases; (c) when in doubt as to the character of the food indicated.

These rules are not infallible, but they are founded on sound principles. Milk is contra-indicated in the more serious cases, and in convalescence it should be given well diluted, so that its albumen and sugar may be digested and absorbed before reaching the seat of the disease in the small intestines.

Therefore, give an antiseptic cathartic, such as calomel, stop the milk and all other food except such as are directed above, and then proceed according to the rules laid down, and success will be more frequent in the management of these cases.—*Dietetic Gazette*.

The Canada Medical Record

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THE CURATIVE TREATMENT OF EPILEPSY BY SURGICAL MEANS.*

By CASEY A. WOOD, C. M., M. D.

Formerly Professor of Pathology, University of Bishop's College, Montreal; Pathologist and Microscopist to the Illinois Eye and Ear Infirmary; Instructor in Ophthalmology and Otology, Chicago Post-Graduate Medical School.

"If I wished to show a student the difficulties of getting at truth from medical experience, I would give him the history of epilepsy to read." (1)—Oliver Wendell Holmes.

The Father of Philosophical Medicine might also have directed the student to confine his studies to the treatment of the disease and to set aside his summer holidays for the task. And as the long days "waxed and waned" he would at least be impressed by the arduous nature of the undertaking even if he did not arrive at any conclusions worthy of being regarded as *truth*.

Probably the most bewildering observation—and even the most superficial reader would make it—is that success, as the story reads, has attended remedies, both medical and surgical, that bear no relation to what

was then known or what has since been learned of the etiology of epilepsy. "There is hardly anything," as the Autocrat elsewhere reminds the student, "which has not been supposed to cure it." It might, perhaps, be pleaded in extenuation of this unsatisfactory condition of its therapeutics that the causation of epilepsy is probably as various as the proposed treatment is diversified. If one remembers the definition given by the greatest living authority upon the subject, viz: that epileptic convulsions may arise from a "discharge" of any of the gray matter of the encephalon which subserves sensori-motor processes, (2) it is cogent to recollect that practically every part of the organism is directly connected with some encephalic sensori-motor center! The clinical proofs of the truth of Gower's definition are many and interesting. First of all we know that gross central lesions affecting motor areas may produce epileptic convulsions, giving rise to that form of the disease known as "Jacksonian" epilepsy. To these we add those definite peripheral irritations which have long been known to issue in localized cerebral "storms." Their name is legion and their *locus* every "nerve ending" of the body. They stretch all the way from

* Revised by the author from the original article in the July No. of the *Western Med. Reporter*.

1. "Currents and Counter-currents in Medicine," p. 25.

2. "Epilepsy and other Chronic Convulsive Diseases,"—W. R. Gowers, p. 171.

an ingrowing toe-nail to a scar on the scalp, and they include equally a lacerated uterine cervix, an ulcerated tooth, a spine on the nasal septum, a weary ciliary muscle or a foreign body in the meatus auditorius. Happy is the surgeon who, in a case under his care, recognizes one or other of these as the source of the convulsive seizures. It may be the chief or only *fons et origo mali* and its removal often means a complete cure of the disease.

Cases where the exciting cause was discovered and its relation to the diseased phenomena recognized, and where its removal brought about cure, are among the most interesting reading in medical literature. The reports of recent removals of brain tumors and the other advances in cerebral surgery, for which the profession is primarily indebted to the work of such men as Victor Horsley and Macewen, of Glasgow, and to the researches of Ferrier, Hughlings Jackson and others are familiar to every reader of medical journals. They constitute some of the most brilliant achievements of our art and form a most valuable contribution to rational medicine. Here the cause of the "encephalic discharge" is an irritant operating in the immediate neighborhood of, or within the motor area itself.

These examples of "central" epilepsy (which usually present symptoms that serve to distinguish them from the ordinary "idiopathic" variety), and their successful treatment belong to quite modern surgery. However, in several recent works on diseases of the brain, methods of localizing and of surgically treating cerebral neoplasms are considered at length. (3)

Last of all, inasmuch as that mental force which manifests itself through unknown molecular changes in certain parts of the cerebrum, also directly influences the sensori-motor areas, it is not to be wondered at that psychical causes, such as fright,

excitement and anxiety, cause or precipitate such a large proportion of the attacks of this disease.

Admitting this to be true and that mental disturbances are capable of producing epilepsy, it is not difficult to understand how treatment of an active kind, particularly of that active kind known to the laity as "the use of the knife," might so impress itself upon the patient's mind as to bring about a cure.

It is important to make a broad distinction between *relief* and *cure*. The cure of epilepsy (meaning always the so-called idiopathic variety, and excluding Jacksonian and "hystero" epilepsy, as well as "epileptiform" convulsions and post-paralytic epilepsy), should not be confounded with *temporary freedom* from the attacks. In this connection I do not propose to say much in reply to that extremely indefinite question, so often asked, "Is epilepsy ever cured?"

What is commonly meant by the question is this: Is the neurosis which underlies the cerebral discharges ever suppressed? instead of, "Is the exciting cause or causes of the attacks ever removed?" To the first, one might reply with a very doubtful and hesitating affirmative. To the latter query, the answer is decidedly, "yes." Clinically and practically, however, a cure means that a *reasonable* time (which will vary with the case) must have elapsed since the patient has had a recurrence of the fits. This would in all cases be at least many months.

Still more difficult is it often to decide whether a given remedy *relieves* epileptic attacks, for, as is well known, these vary greatly in the same individual, as to frequency and severity, both when no treatment has been followed as well as when he is under treatment.

That the *aura* can be cut short and the attack which it heralds prevented by mechanical means is undoubted, but to show what confidence has been and for

3. For Example, see Chaps. x. and xi. of Byron Bramwell's "Intra-cranial Tumors," 1883.

that matter is still placed in abortive remedies of might be styled the "transcendental" kind, the following description of a procedure, popular in England for over half a century, might be recorded. It is resurrected from its resting-place within the leaves of an old copy of the *London Standard* :—

A young girl fell down in the public streets of Paris in a strong epileptic fit. A crowd immediately collected around her, but for some moments nobody could think of any means of assistance. A *sergeant de ville* coming up, asked a bystander to lend him a black silk neck-cloth. With this he covered the girl's face and in the course of a few seconds she began to recover; the convulsions ceased; consciousness returned; she got up and walked home, having first thanked the officer for his kindness. A medical man, who happened to be present towards the termination of the scene, complimented the sergeant and said to him, "You have taught me a new mode of treatment."

Quite different, however, is it with those epileptic seizures which are the result of demonstrable peripheral causes — causes generally recognized both by the patient and his physician. These are capable of lasting cure by the removal of the irritant. Examples of such happy results are numerous, and have long been familiar to the profession,

A classical instance is that which occurred in the clinic of the celebrated French surgeon, Baron Larrey. It is to be found in *La Lancette Française*, No. 81, 1836:

Case 1. Removal of necrosed bone. An old soldier had been wounded at the battle of Marengo, thirty-three years before, by a fragment of shell. The missile had struck him in the forehead and after a long convalescence he recovered, but there remained a discharge from a small fistulous opening above the brow. The patient soon became an epileptic, had daily attacks of convulsions, and when Larrey saw him more than thirty years afterwards, he was reduced to a mental and physical wreck. The great surgeon carefully examined the wound: probed it and detected with the sound a piece of dead bone. Upon the removal of the latter with a polypus forceps, the wound healed, the epileptic attacks ceased and the condition of the patient forthwith improved in every respect.

Excision of superficial scars. Cures brought about in this way are numerous enough. If the cases recorded in nineteenth

century literature were divided into two classes, the first class would include those in which to an unprejudiced mind there certainly was some definite connection between the cicatrix and the attack. Either the epileptic aura began by peculiar sensations in the scar itself, or it was a source of annoyance to the patient, justifying the idea that it contained imprisoned nerve fibers, which were acting as a genuine peripheral irritant. In the second category might be placed those scars the existence of which the patient and his friends had forgotten until they had their attention directed to them by the surgeon. Notwithstanding the cures that have resulted from the removal of such scars, one has a right, in view of the mysterious way in which other surgical methods (to be described later on) have produced cures, to be sceptical about the causal relation assumed to exist between the scar and the epilepsy. One example will suffice:

Case 2. (4) A boy, age 8, suffered from severe, frequent, and typical epileptic seizures. He had an aura which began by twitching of the muscles of the right side of the face. It then spread to the throat, and finally involved the whole body. On the right parietal bone there was a large, tender scar (the result of a fall), and it had been noticed by the parents that shortly after the wound healed, the epileptic attacks began. The cicatrix was excised, the fits disappeared and two years afterward he was mentally and physically healthy.

Removal of splinter. An interesting case well illustrating a cure of epilepsy by the removal of a peripheral irritant is detailed by Franz Rheins. (5)

Case 3. A perfectly healthy locksmith received a wound in the hand from a splinter of cast-steel, a portion of which lodged in the back of his left hand, about the head of the fourth metacarpal bone. It was not removed and the wound healed completely. Four months later the patient had an epileptic attack, which was repeated during the night. Rheins at once cut down upon the offending foreign body and removed it. The shell splinter was one ctr. long, and one-half mm. wide. A year and a half after the operation the patient had had no return of the attacks.

4. Klastsch in *Weiner Med. Wochenschrift*, 1 and 2, 1857.
5. *Alg. Med. Central-Zeitung*, xviii., 23 1878.

Case 4. Foreign body in meatus auditorius. Schurig (6) has published the following instructive story :

An 11-year-old boy of pale aspect and stupid appearance was brought to him complaining of his ear. He heard in his right ear very badly (watch on contact only), and on examining it a very large and hard plug was found to fill the meatus. It seems that eighteen months before the child had fallen out of a "kinderwagen," and was dragged along the graveled street. Except a little scratching of the face and filling the ear with dirt he seemed none the worse for the accident. Two months after he began to have epileptic fits, which increased in number and severity during the next three or four months. Since then they were less frequent. The syringing of the meatus and the removal of the plug produced a slight epileptic seizure. In the center of a hard mass of ear-wax a small, sharp-edged stone was found. Patient had had no return of fits ten months afterward.

Case 5. (7) Resection of diseased nerve. A servant-girl, aged 31, suffered for a year from chronic syphilitic ulcer on the outer aspect of the left leg. It had been treated in a Hamburg hospital and had been healed. It however broke out again, and while under von Thaden had reached large dimensions. During this time she became epileptic and had severe and frequent seizures. It was noticed that in the wound lay the superficial peroneal nerve. This was extremely sensitive. Patient also complained of a dull feeling in the back of her great toe. She was chloroformed and six ctr. of the nerve resected. It was found to be the seat of a chronic inflammation and to be surrounded by indurated connective tissue. The neurillemma was also affected by the inflammation. Six months after the operation patient was entirely free from convulsions.

And so on, practically *ad infinitum*. Before leaving this subject, however, reference should be made to a paper by Dr. Archibald Church, (8) of this city, in which (among other interesting matters of the kind) attention is drawn to a collection by Dr. A. P. Brubaker, (9) of Philadelphia, of sixteen cases of epilepsy permanently cured by the extraction of diseased and irritating teeth.

Surgical cures of idiopathic epilepsy. Ever since medicine ceased to be a pure empiricism a large number of surgical proceedings have been suggested for the cure of epilepsy. These were usually based upon some theory which concerned the causation of the disease; they were more or less faithfully tried; they had their advocates and opponents, and all that now remains of them is a mass of literature, a few extracts from which may be both instructive and entertaining.

Almost every one of these surgical remedies, it must be noticed, could claim its list of cures and a fairly working hypothesis to explain how these cures were brought about.

Setons and issues. These remedies are quite ancient, and they have their advocates even to this day. Gowers (10) thinks they often do good, but their *modus operandi* is unknown unless one explains it by the use of that *very indefinite term* "counter-irritation." Many cases of cure by this means are, however, to hand. For example Dr. T. J. Griffiths (11) furnishes several of these. He introduces a large seton (15 or 20 strands of silk or flax thread), into the back of the neck, and allows it to remain for months, removing it only when there is too much local irritation. Of five cases so treated (tonics being the only other treatment), four were cured or greatly benefited. The disturbance of the mental faculties, which is a common attendant in such cases, rapidly improves after the insertion of the seton.

The cure in the following case was undoubtedly due to the open wound and not to the electrical phenomena sought to be induced. The patient was under the care of Dr. Usher Parsons. (12.)

Case 6. Michael H., age 25, a stout man, never had an attack of epilepsy until two years before treatment. From that time the fits became more frequent until he had them daily. They began with an *aura*, a creeping sensation along the left arm from the fingers to the shoulder. He was

6. *Jahresbericht d. Ges. für Natur und Heilkunde zu Dresden*, p. 69. 1877.

7. Von Thaden. *Deutsch. Ztsch. f. Chir.*, p. 520, 1875.

8. *Peripheral Irritation in Nervous Diseases*. Peoria *Medical Monthly*, April, 1890.

9. *Journal of Nervous and Mental Diseases*. Dr. Brubaker in answer to a letter of inquiry, has also kindly drawn my attention to his valuable contribution to the *American System of Dentistry* on this subject where many cases of reflex neuroses of dental origin are recorded.

10. *Epilepsy and other Convulsive Diseases*, p. 235.

11. *Naphey's Medical Therapeutics*, p. 53.

12. *New England Medical Journal*, vol. xv., 355, 1892.

sometimes able to prevent attacks by pressing on the nerves of the arm with his right hand. Tried a great many remedies, surgical and medical, but in vain. Parsons applied an apparatus to patient's neck, which was designed to draw off "an excessive quantity of electric matter from the brain," through a blister in the back of the neck. A silver plate was placed over the latter, over that a wet sponge, and these were connected by a wire with a second blister on the knee. The raw surface on the knee was covered by a zinc plate, also attached to a wet sponge. Both the sores and plates were dressed daily.

Not a single attack of epilepsy occurred for two years after the use of this ingenious mechanism.

Blisters and the Cautery.—The use of the actual cautery to the nape of the neck and spine is recommended by W. A. Hammond and McLane Hamilton, but Brown-Sequard holds that cures may be also brought about by circular blistering or cauterization with a red-hot iron of a limb or even a toe or finger—just as a ligature about a limb may abort an epileptic attack preceded by an *aura* beginning in the limb aforesaid.

A case in which the patient was cured by the application of the cautery to the larynx is reported by H. Green. (13) Another by Recamier (14) is as follows:

A tailor, aged 32, was admitted to the Hotel Dieu (Paris) on account of epilepsy. Had a one-sided *aura* and numbness in his left foot. Was variously treated without effect, but finally blisters were applied not only to the affected foot but to those parts affected by the warning *aura*. He left the Hospital, after having had several dozens of blisters applied, much better, and for three months, as long as he was kept under observation, he was quite free from the attacks.

Burns.—Whether it is the shock to the nervous system, the counter-irritation produced by the suppurating surface or a combination of both, it is difficult to say, but it is well known that cures of epilepsy have been brought about by burns. An instance of this is recorded by R. Beveridge. (15)

Case 7. An epileptic fell into the fire and received a deep burn of the face. Before the wound

healed, portions of the nasal, ethmoid and frontal bones came away. After a tedious convalescence the fits did not return.

Sproule, (16) Bouygues, (17) Reese (M.), (18) Pearson, (19) Langewicz (20) and many others have published similar cases.

Amputations.—Unless it be the result of a shock to the cerebral centers or the outcome of a lasting mental impression, it is difficult to see how amputation of limbs that have no discoverable connection with the disease, can cure epilepsy, and yet there is a number of recorded cases. Among the earliest of these are two by Aubanel. (21)

Case 8. B., æt. 40, a member of a family which never suffered from epilepsy had, while serving in the Spanish war and without apparent cause, become an epileptic. Typical attacks came on every two or three weeks, and finally became so frequent that he was unable to attend to his duty. After several years' of misery he fell into an open fire one day and was dreadfully burned—so badly indeed that he was obliged to have his left arm amputated near the shoulder. Since the day of the operation he had but one slight fit. Had been free of them for a year, and at the date of the report had improved in all respects.

Aubanel's second instance is the following:

Case 9. Mmle. Fleury, of healthy parents and aged 50, became at the time of her first menstruation and without apparent cause, the subject of fits. At first they came on every five or six days, but at last they became so frequent that she had them very often and daily. The seizures were typically epileptic, and set in without an *aura*. She remained in this wretched state until her 25th year, when she fell into the fire and badly burned her right hand. This accident had little or no effect upon the epileptic attacks. The wound never completely cicatrized, and there continued to be a watery discharge from it. She injured the hand again, the scar burst open, cellulitis set in and the limb became so affected that an amputation was done. Previous to the operation her mental condition was pitiable; she was barely able to look after herself and could hardly speak. The operation seemed to change all this. The wound healed nicely, the fits did not return, and her general health as well as her intellectual powers, gradually returned.

13. *Medical Gazette*, iv., p. 98, 1853.

14. *Bulletin de Therapie*, Janv., 1844.

15. *Medical Times and Gazette*, 1863, vol. i., page 390.

16. *London Medical Times*, 1844, page 152.

17. *Journal de Medicine et Chir. de Thoulouse*, 1852, p. 44.

18. *Phil. Med. and Surg. Reporter*, 1869, 239.

19. *Ibid*, 1869, 145.

20. Oester, *Med. Wochenschrift*, Wien, 1846.

21. *Gazette Medicale de Paris*, M. 43, 1839.

Many more such cases are on record. Cures have followed in this way amputation of the lower third of right forearm and hand (22), leg (23), left index finger, (24), etc.

Phlebotomy.—Of course this remedy (?) was well tried in the days of our grandfathers. It was always easy to discover a "congestion of the head" in the "falling sickness." Yet, whether it was the blood-letting, the mental impression, counter irritation or what not, apparent cures of epilepsy did follow repeated venesections, in the old days, when it was fashionable to bleed a man for almost every disease. Any one who is interested, may find details of three cases so cured, in an article by the French surgeon, Colson. (25)

Ligature of the carotids.—This measure was at one time recognized as a legitimate and potent means of curing epilepsy.

It was undertaken with a view of lessening the blood-flow to the "irritable" nervous centres. Unjustifiable as we now believe it to be, it yet furnishes us with a fair array of cures, many of them performed in this country, e.g., by Valentre Mott, (26) and other well known surgeons.

Case 10. (27) Under the care of the British surgeon Preston, a pensioner, aged 25, of a robust constitution, had suffered for five years from severe epileptic attacks which recurred about every two weeks, often without any assignable cause. Preston thought that a cerebral congestion might lie at the bottom of the trouble, and on the 4th of Feb., 1831, one of patient's common carotids was tied, after great loss of blood. The ligature fell off on the 5th of March, and two years after he had not had a single attack of epilepsy.

Two cases are reported by Dr. C. Angell, (28) of Pittsburg, Ind. The first patient had fits for three or four years. These in-

creased rapidly in severity and frequency until on the day before the operation, he had 15 to 20 fits in the forenoon alone. The right common carotid was ligated. The operation was successful and the patient never had another attack. Unfortunately, however, he died on the seventh day. Dr. Angell was more fortunate in his next attempt.

Case 11. A man, aged 40, had seizures for seven years. He had been under treatment by a great number of physicians, regular and irregular, without benefit. The attacks later on recurred nearly every day, so that patient had not been able to work for nearly three years, and his mind was almost destroyed by the disease. Three months after the operation (from which he recovered perfectly) he had had four fits only; commenced to attend to his long neglected business, and felt much better than he had done for three years. His family and those who are acquainted with him all agree that they can see a marked change in him.

Tracheotomy.—A fierce controversy raged over the utility of this proposed cure for epilepsy, before it was generally abandoned. The celebrated Marshall Hall originated the idea and wrote extensively in its favor. (29) It was extensively practised both here and in England, and in spite of its irrational character, many cures and examples of relief are recorded. It was pointed out by Hall and others, that many cases of epilepsy, are of laryngeal origin (*epilepsia laryngea*) or at any rate the attack takes the form of laryngismus, (or spasm of the glottis) producing embarrassment of breathing, congestion of the brain, and even danger to life from suffocation. Of course, it was obvious that in such cases if the supply of air to the lungs could be insured, the chief source of the trouble would be removed! The tracheal tube was worn constantly, or at least until a cure had been effected.

Instances of cure are reported by Albers, (30) Neill, (31) and many others. In Albers'

22. W. Atlee. *Philadelphia Med. Times*, 1870, p. 224.

23. *Gazette des Hôpitaux*, Paris, xxiv., p. 95, 1851. Reported by Casenave.

24. Lallemand. *Annales Cliniques de Montpellier*, ii. 284, 1854.

25. *Bulletin de la Société de Médecine de Gand*. Tome 1, p. 19, 1835.

26. *New York Med. Gazette*, p. 120, 1850. See also a full report of Cases in the *N. Y. Journal of Medicine*, 1852, and 1857, p. 22.

27. *Schmidt's Jahrbuch. der ges. Med.* Bd. xx, S. 167.

28. *Northwestern Med. and Surg. Journal*, Oct. 1857.

29. *London Lancet*, May 10th and 17th, 1872. The reader will find full directions as to when and how to perform this—so far as epilepsy is concerned—now forgotten remedy in the *Lancet* for October, 1854.

30. *Archiv. für phys. Heilkunde*, 1852.

31. *Boston Med. and Surg. Journal*, 1832-3, vol. 47, p. 29.

case the tube was worn for 13 months, and the patient, a previously confirmed epileptic, never had a single seizure.

Goldhorn, (32) after carefully considering the evidence adduced on both sides, makes the following comments which one might with profit apply to other treatments in medicine and surgery: "Before this measure," says he, "can be considered as a permanent addition to the practical treatment of epilepsy, it must be shown 1st, to be correct in theory; 2nd, that it is not dangerous to life, and 3rd, that the attacks do not return after the operation has been performed."

Ligature of the vertebral artery.—This surgical measure, largely employed here and in England, was in some sense the legitimate successor of the more dangerous ligature of the carotid. A too great supply of blood to the brain was in some cases supposed to be the cause of the attacks. This was to be remedied by occlusion of the vertebral artery. Wm. Alexander of Liverpool was the best known if not the first advocate of the measure, and accounts of his cases may be read in the *London Medical Times and Gazette* for 1881. Another account (33) gives a resumé of 21 patients so treated. They were workhouse people and the cases were marked and severe. *Three were quite well a year after the operation; nine others were so much improved and were so free from fits that they might be put down as cured, and eight were said to be so improved that if they got no better the operation would have been justified.* In a paper (34) on the subject by Dr. J. Lucius Gray, of Chicago, an account is given of seven such operations performed in this city by E. Andrews, Brower, Fenger and others, most of which were followed by relief.

This operation has later been performed by von Baracz (35) with apparent success,

but as none of his four patients had been under observation longer than four months, no conclusions can be drawn as to the permanency of the relief.

Hun, (36) speaking of Baracz's article, says: "This is the old, old story of operative procedures, undertaken in the wildest spirit of grouping empiricism, to cure epilepsy without first becoming acquainted with the natural course of the disease."

Trephining.—This is a very old surgical treatment of epilepsy. I do not refer to those rational operations for the raising of depressed bone, the opening of cerebral abscesses, and removal of tumors or for providing an exit for intracranial fluids—referred to in the early part of this paper—but rather to those cases where underneath the button of bone or in the bone itself no pathological changes could be discovered. It is true that in most of such instances (where a cure was brought about) a history of traumatism was made out, but it seems to me that here there is a fallacy to guard against, because the great majority of people have at some time or other in their lives received injuries to the head (from falls and other causes) quite as severe as those ascribed to some of the patients operated on in the histories given, and yet epilepsy is a fairly uncommon disease. There were no pathological changes, so far as could be made out, in some of even M. G. Echeverra's (37) well-known list of traumatic cases treated by trephining. A case by Saxtorph (38) was certainly of this description, yet the patient was cured.

Dr. Mason Warren, (39) of Boston, trephined in two cases of *idiopathic* epilepsy. He reports one case as cured and another as relieved. Also Burnett and Gould (40) one. Probably the case of Leo's (41) men-

32. In a critical review of the subject contributed to Schmidt's *Jahrbuch*, Bd. 85, p. 173.

33. *Brain*, for July, 1882.

34. *Neurological Review*, July, 1886.

35. *Wien. Med. Wochenschrift*, Feb., 1889.

36. *Annual of the Univ. Med. Sciences*, Vol. 2, 1890.

37. *Les Archives General de Medicine*, Dec., 1878.

38. *Journal de Medicine et Chir. Practique*, Paris, p. 163, 1882.

39. *Surgical Observations*, with cases, 1867.

40. *British Med. Journal*, 1888.

41. *Pepper's System of Medicine*, p. 502, vol. 5.

tioned by McLane Hamilton is another, and so on.

"Counter-Irritation" will again have to be evoked to explain some of these cures, and in some other instance the psychological influence of an "operation" is not to be lost sight of. The author just quoted says, very justly I think, that operators say a good deal about the procedure itself and recovery from it to the exclusion of exact descriptions of the pathological conditions present. What one would like to know is how the surgeon justified his treatment—what relation, in other words, he supposes to exist in the cases before him between the trephining and the disease.

Case 12. Dr. Spinelli gives the following history (42) of a boy, age 15, who had been epileptic almost since his birth. The attacks were in frequent—about five times a year. The doctor could think of no cause except that at his birth (the labor being prolonged and severe) he had received a contusion(!) on one of the parietal bones. A year before consulting Spinelli the boy received a blow from a stone which fractured the skull. It was decided to use the trephine at the junction of the parietal and occipital bones. An attempt was made to raise what looked like depressed bone, but in vain. The wound healed, and since then there has been no return of the disease. The author ascribes the cure to the enlarged space given by the operation to the growing brain.

When one remembers the reflex relations of the reproductive system it is not to be wondered at that interference with the organs of that system has been common enough in the attempt to find a satisfactory surgical cure for epilepsy. When the attacks are plainly connected with diseased ovaries, testes, etc., the duty of the surgeon is plain enough, but, as in the cases about to be referred to, it is difficult to imagine how the removal of a *normal* organ can bring about a cure of the disease. Yet that such has been the case there is an abundant evidence.

Circumcision.—Congenital phimosis had been noticed in eleven out of twenty-five consecutive cases (43) admitted into the

London Infirmary for epilepsy and paralysis. Collections of sebum underneath the prepuce may lead to balanitis and herpes. The irritation thus set up causes, in adolescents, sexual excitement, masturbation and reflex neuroses. W. Althaus thinks that if this does not actually cause epilepsy it may predispose to it, and if circumcision does cure the disease it often relieves it and is a rational adjunct to other treatment. That some cures have followed circumcision, I think, has been proved. A good article on this subject is Sayre's (L. A.) "Circumcision versus Epilepsy." (44) Gowers (45) thinks it should be adopted in all cases where there is reason to associate the disease with masturbation.

Castration has been performed for substantially the same reasons that circumcision is urged, and although condemned by most text-books, (46) it has its advocates and its list of cures. Rooker, (47) Ogle, (48) and Bacon, (49) are among the more modern defenders of the practice.

Batley's Operation.—The operation of "normal" ovariectomy has been performed extensively here and in England, but it is not generally known that one of its earliest advocates (50) argued, that if justifiable at all, its use should be restricted to the treatment of epilepsy. Batley reported among his earliest cases, one in which the operation was performed for the cure of that disease. Among three of Lawson Tait's (51) cases of "spaying," were three done for "menstrual epilepsy." How the excision of normal, or nearly normal ovaries, can cure idiopathic epilepsy, it is difficult to see unless the mental impression made upon the patient be the cause of the cure.

Removal of the clitoris.—It was for the

42. Translated into German by Urban from the Genoese journal *Il Filiente-Sebezio* for April, 1845.

43. *London Lancet*, Feb. 16, 1867. Nothing is said about the proportion of congenital phimosis in healthy people.

44. *Medical Record* (New York), 1870, p. 233.

45. *Loco. cit.* p. 233.

46. See, for example, Bristowe's *Practice of Medicine*, p. 1004, Robert's *Practice*, p. 833, etc.

47. Various numbers of *Cincinnati Lancet and Obs.*, 186 '62 and '68.

48. *London Lancet*, 1859, i., 156.

49. *Journal of Mental Science*, Oct., 1880.

50. Emmett (!).

51. *Manual of Gynecology*. Hart & Barbour. ii., 203.

advocacy and practice of this operation for the relief of functional nervous diseases, that Mr. Baker Brown (52) got himself into trouble twenty years ago. His idea was, that *many* cases of epilepsy (for example) in females, were the result of irritation (sometimes connected with, sometimes unconnected with self-abuse) residing in the superficial pudendal nerves. To him, the removal of the cause appeared to be the correct thing, and he began to excise the supposed offenders. However it may have produced its effects, there is evidence to prove that cases of recovery from epilepsy did occur *after* clitoridectomy. Reynolds (53) thinks that an operation of severity equal to that of the removal of the clitoris, (or circumcision) might prove equally serviceable in some cases of epilepsy *if performed on the back of the neck, the mouth or the toes*. He is of the opinion that it is mainly through the strong impression made upon the mind, or a violent change in the body, that the operation mentioned, as well as tracheotomy, etc., produce their effects.

Nerve stretching.—That some ill-defined alterations in the nervous elements, both peripheral and central, might be productive of remedial results, is the reason given for nerve stretching in epilepsy. There are a few instances recorded where the offending (or suspected) nerve has been stretched with good results in idiopathic epilepsy. Prof. von Nussbaum (54) publishes a case of cure.

Case 13. A man, suffering for many years from frequent attacks of epilepsy, presented himself for treatment. He had double *pes equinovarus*. Both tibial and peroneal nerves were laid bare at the popliteal space for 7 ctr. of their course, and stretched with the forefinger. The fits ceased, and for six months after the operation—while he was kept under observation—he has not had a single attack of epilepsy.

Spontaneous cures.—It is natural and proper that when an operator succeeds in curing a case of epilepsy and the procedure

is a new one, that he should put forward some hypothesis to account for the *modus operandi* of the surgical treatment which resulted so favorably. But the absence of relationship in our present state of knowledge between remedy and cure, is in many cases so evident that the author wisely, it seems to me, either attempts no explanation at all, or adds his history to the accumulated list "spontaneous" cures. No room can be given here for discussing even the most interesting of these, but reference to many of them will be found in the "Index Catalogue of the Surgeon General's Library," under a special heading. A good example is given by West (55) which I am tempted to copy in full. The author does not assume that the abscess mentioned had any connection with the interior of the skull:

Case 14. *Bursting of abscess*. "A boy, aged 10, suffered from occasional attacks of *petit mal* in February. In the following August the attacks became regular epileptic seizures which increased in severity and frequency, and in the succeeding March returned several times a day, and were accompanied by marked impairment of his mental powers and by an unsteady and tottering gait.

After two months' trial of various remedies and the insertion of a seton in the back of his neck, he left the hospital worse than on his admission. On June 13 he fell in a fit and struck his occiput a violent blow. A large abscess formed here which burst of its own accord, continued discharging for a few days and then healed up. It is just two years since this happened, and from that time to the present there has been no return of the fits; the boy has recovered his power of walking and has all the cheerfulness and intelligence that befits his years."

Tenotomy of the ocular muscles.—If this study of the curative effect produced by operative measures in idiopathic epilepsy have any practical value it depends upon the fact that it throws some light upon the *status* of a surgical proceeding for which much is now being claimed, viz.: tenotomy of the muscles of the eye. This is the latest surgical treatment which has been proposed for idiopathic epilepsy, and its author, Dr. George T. Stevens, of New

52. Vide his small book, "Insanity, Epilepsy and Hysteria in Females."

53. Practice of Medicine. Vol. 1, p. 782.

54. Die chir. Klinik zu Munchen im Jahre 1875.

55. Diseases of Children, American Edition, p. 181.

York, as long ago as 1881, in a memoir (which was awarded high honor by *l'Academie Royale de Medicine de Belgique*), quotes numerous cases of epilepsy cured by tenotomy of ocular muscles for the relief of "insufficiencies," or "dynamic squint." Since this monograph was written, Dr. Stevens has made further claims for tenotomy. That the irritation, headache, dim vision, etc., caused by refractive errors and anomalies of accommodation have issued in epilepsy and other functional nervous diseases is now undisputed (56), but Dr. Stevens and his adherents claim to have proved that even after the patient has had prescribed for him the necessary spectacles so that there is no "eye-strain," so far as the visual acuity and ciliary muscles are concerned; even then if there exists a want of balance among the external ocular muscles, epilepsy may still be produced or perpetuated. This muscular "eye-strain" is a *common* cause of functional nervous diseases, says Dr. Stevens. Nor is it necessary, it seems, that the patient should be conscious of this want of balance (or *heterophoria* as Dr. Stevens appropriately calls it), in the working of his eye-muscles. It must be searched for and if found such treatment—especially tenotomy (graduated or partial) or series of tenotomies—is indicated as will restore the lost equilibrium. Some patients may require the operation fifteen to twenty times. Although a committee appointed by the Neurological Society in New York did not, after a long investigation of these claims of Dr. Stevens, consider that the method afforded sufficient relief to patients to warrant its recommendation by the society, yet we may consider it as still *sub judice* in view of the many well-known ophthalmologists and neurologists who have ranged themselves on Dr. Stevens' side in the controversy now going on. Numerous cases of cures more or less complete have been

published. The following one from Stevens' (57) monograph will serve as a sample:

Case 15. Mr. H. T., aged 37, consulted June 3, 1880, Dr. C. G. Clark, of Troy, N.Y. He had been an epileptic five years; has had seizures from four to six times a day. In other respects is in very poor health, and looks dull and lethargic.

He has used bromides freely up to the present time. He was found to have hyperopia of $\frac{1}{30}$ for one eye and $\frac{1}{24}$ for the other, with insufficiency of the externi. July 10, 1880, tenotomy of the internus of one eye was made, followed a few weeks later by similar operation of the other eye. All medicines were discontinued from the first. On the day preceding the first operation he had five severe epileptic fits, and on the morning of the operation several more. From the date of the first operation, however, the epileptic attacks ceased and not a single return of the malady had occurred seven years after the operation. His health improved in all respects.

It would, in this case, be satisfactory to know whether the prescribing of proper glasses had first been tried and whether after such prescription the patient had any symptoms of eye-strain.

Whatever may be the outcome of a general trial of Stevens' methods, he certainly deserves the credit of having introduced a needed nomenclature for designating the insufficiencies of ocular muscles—"latent" or "dynamic" squint as it was once called. These terms (*vide* supplement of Dr. Stevens' monograph) have, I think, "come to stay" in ophthalmological literature. We owe him a debt of gratitude, also, for his *phorometer*, by means of which the various forms of heterophoria can be readily demonstrated and their amount accurately measured. On the other hand, I prophesy that in time very little will be heard of "graduated tenotomy" as a cure for epilepsy, because I think its place is in the same category with tracheotomy, vertebral ligation, circumcision and other surgical cures, for each and all of which so much was claimed in times gone by. My reasons for so thinking are based upon these conclusions:

1. The majority of otherwise healthy

56. This is admitted by Roosa, an opponent of Stevens' method *vide* *c. g.*, "Determination of Need for Glasses," page 50.

57. Functional Nervous Affections, p. 113.

people have a want of balance in one or other set of their ocular muscles. (58)

2. Oliver (59) (*Phil. Medical Times*, 1887) made a critical examination of the eyes of 50 adult male epileptics—nearly all Americans. Extra-ocular movements were intact in all cases, except weakness of the interni—just about what would be found in any average 50 Americans who never had epilepsy.

3. When this want of balance is present (and refractive errors are corrected) the very great majority of persons in whom it exists are unconscious of its presence; it does not produce any trouble whatever; it is not a genuine peripheral irritant. These propositions prove, it seems to me, that there is not any necessary or, if any, a very rare and doubtful connection between heterophoria and epilepsy. At any rate the unprejudiced observer could hardly accept their relation as that of cause and effect in even a small majority of the cases where both occur—certainly not as Dr. Stevens would have us believe—in the majority of such instances.

Now, as to the effects of treatment:

4. In the minority only of those cases cured by operation, was absolute *orthophoria* (or equilibrium of the ocular muscles) secured. The majority of patients, cured and uncured, remained with more or less of the trouble sought to be removed by graduated tenotomies.

5. Some of the *uncured* were brought into a condition of *orthophoria* or very near it.

6. If we take the figures of the Neurological Society's committee as the true result of Dr. Stephens' work upon the cases submitted to and accepted by him it will be noticed that as good a showing can be made for several other operations now generally discarded, as the use of setons, ligature of the vertebral artery, trephining, circumcision etc. Out of fourteen suitable cases,

nine of epilepsy and five of chorea, six were reported as improved, seven unimproved and one in which the result was unknown. Of the epileptics none were cured, three were improved, five were unimproved and in one the result was unknown.

7. In view of the preceding study of surgical cures in epilepsy it seems justifiable to suppose that the hope excited in the epileptic's breast by the promise of a cure—a cure by means of a new and mysterious remedy—and the lasting mental impression produced by the knowledge that the cure involves an operation perhaps often repeated—that these factors enter as largely into the result obtained as the relief given to a heterophoria not specially recognized by the patient. It is probable that the effect upon the mind is the potent element in many cases of cure wrought by surgical interference. *Among those it seems right to place graduated tenotomies for such cases of heterophoria as do not act as a sensible irritant to the patient.*

The Auditorium, Chicago.

Dr. F. Peyre Porcher, of Charleston, S. C., calls special attention to the extreme value of phonacetine as a remedy for insomnia (*Med. Record* July 12th 1890), given at night, in a little water. After repeated trials, he thinks it the best and most unobjectionable substitute for morphia. It may be repeated and the dose increased to seven or ten grains. No accusations have ever been made against phenacetine, whereas sulphonal, antipyrine, and antifebrine have at times been found to possess toxic qualities. It may also be used in children who are sleepless from fever or excitement.

Dr. D. Coggin writes to the *Boston Medical and Surgical Journal*, July 10th, stating that in the March-April number of *Annales d'Oculistique* is a reference to a paper on the Comparative Action of the Two salts, Iodide of Sodium and Iodide of Potassium, read before the Paris Academy of Medicine on the 4th of March. "It is an unpleasant surprise," he says, "to those of us who have prescribed the sodic iodide, because it is more palatable and also better borne, apparently, than its displaced isomer, to be informed on high authority that it is almost inert. As to the bromide of sodium, clinical experience in the use of this salt seems to warrant the belief that its action is nearly identical with that of the bromide of potassium."

58. Boosa. *New York Medical Journal*, April 19 1890.

59. Annual Univ. Med. Sciences for 1888, vol. i., p. 101.

TENTH INTERNATIONAL MEDICAL CONGRESS

Held in BERLIN, August, 1890.

[FROM BRITISH MEDICAL JOURNAL.]

PAST CONGRESSES.

Before proceeding to give an account of the scientific and general work of the great medical gathering now being held in Berlin, it may be well to glance backwards for a moment at the similar meetings which have taken place in past years. The history of this important periodical event in the world of medicine is interesting as showing its almost casual mode of origin, and the way in which it has developed from comparatively humble beginnings into one of the most powerful factors in the advance of knowledge and the promotion of community of effort, professional solidarity, and good-will among the members of our body throughout the world. Although an international hygienic congress was held at Brussels so far back as 1852, the International Medical Congress, as we now know it, is of much more recent date. Our French neighbors claim the merit of having originated the idea, but the first meeting which was held at Paris in 1867 appears to have been little more than an accidental expansion of the annual Congress of French medical men, which was being held in the ordinary course, by the addition of a considerable foreign contingent formed by the medical practitioners who had gone to Paris at the same time to see the great exhibition of that year. The scientific guests, who numbered about 500, were received by their French hosts with all the courtesy of the *grande nation*, and representative men of the different leading nationalities were chosen vice-presidents, among them, it is interesting to recall, being Professor Virchow, some of whose later utterances recently furnished Dr. Huchard with a text for a vehement call to all patriotic Frenchmen to boycott the Berlin Congress. The proceedings at the Paris Congress were almost purely scientific, with little or none of the festive element, which has been so prominent a feature in most of the subsequent gatherings. Moreover, French was the only language recognized at the meeting. The assembly, such as it was, however, was so successful that on motion of an Italian physician, Dr. Pantaleoni, it was determined to make an International Medical Congress a regular institution, the meetings to be held every two years. In compliment to Dr. Pantaleoni, Italy was fixed upon as the place for the next meeting. It had at first been intended to hold the second Congress at Rome, but as there were some doubts as to the willingness of the Papal Government to furnish facilities for the meeting, Florence was chosen, and a gathering was held there in 1869, in which 87 foreign practitioners took part. Owing to the outbreak of the Franco-Prussian war, the third Congress was not held till 1873, when a successful meeting took place at Vienna, again contemporaneously with a Universal Exhibition. The veteran pathologist Rokitsansky was the president on that occasion, which is memorable in the annals of medicine for the part

assigned to discussions on important hygienic questions, such as the prophylaxis of cholera, compulsory vaccination, etc. At Vienna, also, it was decided that at future meetings there should be three official languages, namely, German, French and English. The fourth Congress was held at Brussels in 1875. The King of the Belgians took so much interest in the proceedings that he was present at many of the sittings. It was at this meeting that the Congress first divided into Sections. The fifth gathering was at Geneva in 1877, under the presidency of the illustrious biologist, Karl Vogt; the sixth at Amsterdam in 1879, under the presidency of Donders, whose death ophthalmology and physiology will long continue to deplore. The next meeting, which was held in London in 1881, marks an epoch in the history of the Congress. Some 3,000 practitioners, including about 1,000 foreigners, took part in it. It was divided into sixteen sections, which held 190 sittings, giving a total of 293 hours of work. The number of communications amounted to 325. The social aspects of the London Congress were not less brilliant than in the amount and quality of its scientific work. Of the meetings at Copenhagen in 1884 and at Washington in 1887 it is needless to say anything more than that, though very successful, they did not eclipse the splendour of the London gathering.

The arrangements for the Berlin Congress have been in the hands of Professors Virchow, E. von Bergmann, Waldeyer, and Leyden, with the assistance of the indefatigable General Secretary, Dr. Lassar, and a strong Organising Committee. How well they have done their difficult and important work the following account of the proceeding of what promises to be the most successful of all the meetings of the Congress hitherto held will suffice to show. It need only be added that the Imperial Government, the various German States, and the city of Berlin have made the amplest provision for the instruction and amusement of the members of the Congress, and have done all in their power to assure the success of the meeting.

OPENING CEREMONY.

Professor Virchow's Address of Welcome—Report of General Secretary—Speeches by Ministers and other Dignitaries.

The opening ceremonies took place in the Circus Renz, a vast circular building resembling the Albert Hall without its upper tiers of galleries. The Carlstrasse, in which it stands, was richly beflagged, and guarded by troops of mounted police. The short avenue leading to the principal portal was royally decked with Venetian masts, bearing wreaths and festoons of laurel, and two mighty gilded tripods on lofty pedestals, and an inscription, *Universi Orbis Terrarum Medicos Salutamus*, gave a classical air to the festal decorations. As one entered the hall, the scene was dazzling. Daylight was quite shut out, and the vast expanse of the amphitheatre was flooded with electric light. Row upon row of ladies and gentlemen, many in evening dress, a large number in uniform, a few in academic costume, rose close-packed to the roof. The arena, crimson-carpeted, was filled with the accredited representatives of Governments, universities, and medical faculties, and members of the Diplomatic Body. Crosses and orders glittered here and there, and everywhere the dainty golden badge of the Congress, a staff of Æsculapius, caught the light. Facing the chief entrance a vast drop-scene, representing the interior of the Baths of Caracalla, as restored by the

Government architect, Jaffé, formed the background of the tribune. In front of the picture rose a golden throne, whereon sat a colossal statue of Æsculapius, by Westphal. The robes of the presiding deity gleamed white beneath the cunningly arranged electric beams, and his features wore an expression of Olympian calm and benignancy. Beneath the throne an altar-like desk or pulpit gave the orator of the moment the look of a ministering priest.

On the right the elevated orchestra was transformed into a shrine of Athene, surrounded by winged Fames and Victories, and enclosing a stately figure of the goddess, by Giustiani. On the opposite side the Imperial box was adorned in a like manner, but the central object there was a bust of the German Emperor. All round the circle stood antique statues, and shields bearing the arms of the German Kingdoms and States, while from the roof hung gigantic banners of all the nations represented at the Congress.

By 11 o'clock something like 7,000 persons filled the hall, and though the temperature speedily rose to a distressing point, there was no languor in the reception accorded to the President, Dr. Virchow, as attended by a brilliant company of Ministers, university officials, and officers in uniform, he ascended the tribune; and, as one and another of the celebrities were recognised, applause broke forth again and again. Sir Joseph Lister and "Dr. Duke Theodor of Bavaria," with the Duchess, were perhaps the most heartily acclaimed.

Professor Virchow, whose coat was loaded with stars and crosses, took his place beneath the throne of Æsculapius, and in a clear, if not strong, voice delivered his address of welcome.

It was, perhaps, a trifle lengthy and detailed, and as the heat became well-nigh unbearable many of the audience began to discover that cool air and cooler beer were to be had in the endless corridors of the Circus. The orator began by expressing his satisfaction at seeing the large number of distinguished guests who had accepted the invitation of the Organising Committee. All members of the Congress might be convinced that they would be received as beloved guests in the capital of the empire. The German people knew that medicine was one of the most sincere representatives of "humanity," and it was accustomed to see medical investigations and medical practice go hand in hand with each other. The German Emperor was sorry that he had to be absent from Berlin, and was thus prevented from receiving the Congress in person. He had, however, ordered that a member of his family should receive a certain number of members of the Congress. The Imperial Government and the Reichstag has granted a large sum for the Congress, and both the Imperial Government and those of the single German States had gladly taken part in the medico-scientific exhibition held in connection with the Congress. The great evils of mankind—poverty and war—were constantly threatening societies and States; but it was a consolation that both people and Government in Germany were endeavoring to diminish the social evils as much as possible and to preserve peace. Medicine could not interfere much, if at all, in the settlement of social and political questions, and its task was only to repair the damages caused under certain conditions, as by war. Professor Virchow here took occasion to speak of the medico-military arrangements, and said that the German military adminis-

tration would furnish to the Congress the proof that nothing appertaining to the care and prevention of diseases had escaped its attention. In the hospitals as well as in the army schools of instruction, and in the scientific exhibition of the Congress, the members would have an opportunity of seeing all the arrangements for bringing speedy help to the wounded and invalids of the army; and not only to the wounded and the invalids of its own army, for nowhere was the beneficent activity of the Red Cross so much appreciated, and nowhere was it brought into such near and constant connection with military administration as among our colleagues of the army. Nowhere were the humane feelings of the doctor more developed than among our military colleagues. The orator then proceeded to give a sketch of the relations between the civil and military medicine, and laid stress on the fact that the highest task of the International Medical Congresses was to teach all their members and all medical men throughout the world that medicine ought to be a humane science. They one and all gloried in the fact that the great personal sacrifices often made by doctors were frequently not attended with any pecuniary compensation, and the medical men of the whole world were not gathered in such immense meetings to gain personal advantages, to improve their social position, to secure a higher rate of pay and less work, but only to improve in knowledge, to render themselves strong in the power to cure, to render still greater services to their fellow-creatures than before. For this reason the article 3 of their statutes was: "The purpose of the Congress is an exclusively scientific one;" for this reason they refrained from enquiring into the social position of the physician or into the means of improving it, though they deeply felt that social misfortune was sufficiently widespread in the medical profession. The struggle for existence broke the hearts of many, and, nevertheless, when they gathered together, they left family and professional cares at home, and in their meetings only gathered around the flag of science; there they stood in the foremost ranks of the champions of humanity. In all places where this Congress met, in all the capitals of the old and new world, he found the citizens engaged in improving sanitary conditions and bringing them to that level which science required. Professor Virchow next dwelt on the sanitary conditions of Berlin, and concluded with the following words: "Pardon, me, gentlemen, this long digression. You will learn that almost all these great institutions were created at a period in which, in the opinion of many persons, Germany was not occupied with any other thing than with the preparation of new wars. Now, gentlemen, we are sincere friends of peace. We know that peace nourishes and that hostility destroys. We wish to live at peace with the whole world in order to be able to pursue the tasks of science and the aims of humanity undisturbed and after our own fashion. We are happy to see ourselves surrounded by such a vast number of distinguished colleagues, in whom we admit the same feelings exist, and whose co-operation will be a new spur to diligence and assiduity. For this reason I once more heartily welcome you to our city. May each day contribute more and more to promote mutual understanding and friendship among all of us."

Dr. Lassar, the General Secretary, followed with his report. Twenty-five governments, thirty universities, fifty learned societies had sent official representatives. The French Government, he mentioned

with special satisfaction, had requested no fewer than thirty-four delegates to appear in its name, and the Russian Government had appointed no less a dignitary than the General commanding the Army Medical Staff. Military Medicine was represented by sixty prominent officers of different countries. Dr. Lassar further stated that only the titles of the communications announced for the Congress filled up a book of seventy pages, and that more than 700 addresses had already been announced. This number was constantly increasing, and would soon exceed 1,000. Some 2,500 German physicians had joined the Congress, and an equal number from forty other countries were now in Berlin. Every hour fresh arrivals were announced, and the numbers promised to exceed 6,000. Moreover, the meeting was graced by the presence of over 1,000 ladies accompanying the members. The "world oceans" had willingly placed themselves at the disposal of science, and foreigners from Australia, China, Japan, the Cape of Good Hope, the western parts of the Cordilleras, and the far regions of Mexico, had come to the Congress. The largest contingent was furnished by the United States of America, which had sent 500 doctors; than came Russia and Great Britain and Ireland with about 300 each; then Austria-Hungary and Italy. Dr. Lassar went on to say that he could not conclude his report without mentioning a homage which physics had paid to medicine on this occasion. A layman in medical science had occupied himself with a therapeutical problem, and charged his medical representative, Dr. Bayles, to read a paper before the Congress on his experiments bearing on the electro-medical removal of calculous concretions, and the results thus obtained. Other non-medical men would scarcely be listened to, but this one would undoubtedly be heard with pleasure, for his name was Edison.

Dr. Lassar's report was loudly applauded, and then followed a long series of complimentary speeches. The minister Von Botticher, on behalf of the Chancellor of the Empire, bade the Congress welcome in the name of the Emperor and of the Imperial Government. The Prussian Minister Von Gossler and the Chief Burgomaster Von Forckenbeck spoke for Prussia and its capital; and Dr. Grap for the union of German medical associations. Then came short addresses by the medical representatives of other nations. Dr. Hamilton made some inaudible remarks on behalf of the United States; Sir James Paget, received with a thundering "bravo!" expressed the good will of England; Bouchard, speaking in French, was warmly sympathetic; Baccelli speaking for Italy, made an oration in exquisite Latin; Csatory, in German, represented Hungary; Aretæos spoke for Greece, but used the German language; as did also Paschulin, for Russia; lastly the representative of Uruguay addressed the meeting in Spanish.

The confirmation of the election of officers of the Congress was next carried by acclamation, Sir James Paget, Professor Bouchard, Dr. Csatory, Professor Billroth. Dr. Baccelli, and Professor Stokes being chosen as honorary presidents.

A short pause ensued, during which the audience greatly thinned and barely a third of the numbers reassembled to hear the addresses of Lister and Koch.

On the whole, the Tenth International Congress may be said to be the greatest collection of medical men ever brought together. The hospitality and gallantry of the Germans has been equal to the occasion. Entertainments, private and public, ban-

quets, balls, dances, open-air receptions, municipal *soirees*, and a function known as "a Court reception" at the Potsdam Palace make an unending round of gaieties. The arrangements for the ladies accompanying the members of the Congress are particularly good, and will be worthy of consideration for future meetings of the British Medical Association. The organization for receiving members is carefully subdivided, and is working well under the enormous strain put upon it. Dr. Lassar, the Secretary-General, is an able administrator and unfailingly courteous, and all the Berlin profession are taking pride in showing how heartily they welcome the medical guests who have accepted their invitation. The weather is fine and not too hot, and the meeting is an unqualified and unprecedented success.

In subsequent pages will be found an account of the general meetings and of the sectional proceedings, which are overloaded with work, most of it good. With the exception of the Congress hunters, who as usual fill the German medical papers in advance with their wearisome prelections, for which, by early prearrangement, they manage in advance to secure space which others disdain to pre-engage, the general quality of the papers is of a high order. The picked men of Europe and of all the continents are here.

The reserved area on the opening day was an interesting sight; the cosmopolitan character of the gathering, the brilliant diplomatic costumes and orders, the doctoral robes (national dress of the Hungarian Delegates) gave a good deal of colour; while the European reputation of those invited to the seats of honour enhanced the interest. There were to be seen from Austria, Billroth, Notnagel, Albert, Meynert, Stork, Winternitz, Kraft-Ebing; from England, Paget, Lister, Acland, Banks, MacCormac, Dick, Notter (delegate from the War Office), Stokes, Grainger Stewart, Hutchinson, Ernest Hart, Sanderson, Lauder Brunton, Ord, MacAlister, Prigdin Teale; from France, Bouchard, Chauveau, Péan, Proust, Ollier, Riceur, Bouchat, Cornil; from Italy, Mosso, Baccelli, Cantani, Golgi; from Belgium, Van Beneden and Thiry; from Holland, Stokvis, Suellen, Rosenstein, Guye, Pekelharing; from Sweden, Holmgren, Axel Key, Retzius; from America, Wood, Billings, Knapp, Senn, Gihon, Jacobs, Osler, Loomis; and from Japan, Mexico, Chili, and all "outer-land" parts, representatives of all degrees. The function was protracted and dull, but grandiose and imposing. Afterwards began the opening of the Sections, when the concourse of eminent atoms which made up this exceptional whole was still more evident, as on all sides men whose names were as familiar as household words to each other and to the world at large were to be seen making acquaintance or renewing friendships, nourished by but few opportunities of personal intercourse.

FIRST GENERAL MEETING.

The first general meeting was held in the Circus Renz, under the presidency of the Duke Dr. Karl Theodor of Bavaria. Sir Joseph Lister delivered an address on The Present Position of Antiseptic Surgery, and Professor Koch one on "Bacteriological Investigations." Lister was greeted with prolonged applause, and he had to wait some time before he could make himself heard. At the end of his address the Archduke Carl Theodor shook hands with him and proposed a vote of thanks, which was carried amid loud cheering.

The proceedings of the first meeting were not

concluded till nearly half-past three, having lasted over four hours.

The sections afterwards began their work in the Austellung-Park (Exhibition Park.)

SECOND GENERAL MEETING.

The second general meeting took place on Wednesday. On the platform surrounding Prof. Virchow sat the Honorary Presidents representing the various nationalities, namely, Duke Karl Theodor of Bavaria (Germany), Sir James Paget (Great Britain), and Drs. Grainger Stewart (Scotland), Stockes (Ireland), Billings (the United States), Billroth (Austria), Csatory (Hungary), Crocq (Belgium), Lange (Denmark), Bouchard (France), Rubis (Spain), Bacelli (Italy), Lavista (Mexico), Laache (Norway), Stokvis (Holland), Asaki (Roumania), Sklifassovsky (Russia), Holmgren (Sweden), Socin (Switzerland), Aretæos (Greece), and Guarch (Uruguay).

Statistics of the Congress.—The meeting was largely attended, over 3,500 members being present, and the fair sex was also well represented.

The proceedings were opened by Professor Virchow, who communicated to the members the statistics of the Congress. There are, it appears, 5,561 members and 11,161 associates present in Berlin. Of these 623 are Americans, 421 Russians, 353 English, 171 French, 139 Danes, 111 Dutch, 106 Swedes, besides Germans and others, and 1,379 ladies.

Next Meeting.—In regard to the choice of the place of the next congress, Professor Virchow stated that, after a long discussion, it had ultimately been decided that the invitation of which Signor Bacelli was the bearer should be accepted, and that the Eleventh International Congress should meet at Rome in September, or possibly at Easter, 1893. St. Petersburg was proposed, but was negatived on account of the persecution of the Russian Jews. Professor Virchow then resigned the chair to Sir James Paget, after which several addresses were delivered.

Professor Bouchard (Paris) spoke on the Mechanism of Infection, and the means of securing immunity.

Dr. Wood (Philadelphia) dealt with the question of Anæsthesia.

Dr. Axel Key (Stockholm) afterwards spoke on the Development of Puberty and its Relation to Morbid Phenomena among the Young. He showed that social as well as climatic causes accelerated and retarded this and all other phenomena of growth. The children of the poor, as a rule, developed more slowly than those of the rich, and puberty began later in the former than in the latter, though its conclusion in both cases was synchronous. Dr. Axel Key further showed that children gain more in weight in summer than in winter, and that they are most exposed to disease in the transition period. He drew from the facts he had observed certain very important inferences, deserving the widest attention as regards the necessary organisation of schools.

SECTION OF MEDICINE.

Professor Leyden's Address.—The section met on Monday, August 4th, for the purpose of constituting itself. Professor Leyden, the President of the Provisional or Organising Committee, in a few appropriate and well-chosen words, welcomed the members. He especially dwelt on the international character of the Congress, with its peace-bringing and humanising influences. He drew attention to

the fact that though medicine was gradually being split up into specialities, yet these, like grown-up daughters, were coming back to the mother, and in this Section, the *alma mater* of the other Sections, the fruit of their labours was made further use of. The advance of medicine had shown them that disease itself must be separated from the body. The object of medicine, however, was not only to recognise the disease germ, its great object was to heal, to comfort and to relieve. He further drew attention to the gradually increasing tendency to treat diseases constitutionally, while in recent times hygienic and dietetic therapeutics was again coming to the front.

Election of Officers.—The Parliament Committee, the Honorary Vice-Presidents and Secretaries were then elected, and the meeting adjourned to Tuesday, August 5th, when the regular work of the Section commenced.

Treatment of Bright's Disease.—On August 5th the Section met at 9 A.M. M. Lepine (Lyons) and Professor Grainger Stewart opened the discussion on the Treatment of Bright's Disease. Of the other speakers who followed may be mentioned Professor Rosenstein (Leyden), Professor Senator (Berlin), and Dr. Aufrecht (Mädgebourg). The outcome of the discussion was that medical treatment could only play a subordinate part, and the best treatment was the dietetic treatment. Milk and low diet were especially recommended by Grainger Stewart, and in giving milk one ought to guard against producing gastric disturbances and constipation. This was the best obviated by giving milk diluted with water, and not in too large quantities. Iron might be given for the anæmia; diaphoretics and tapping were indicated when there was much œdema and dropsy. Professor Rosenstein believed that drugs often did more harm than good, and recommended for Bright's disease rest in bed and carefully-regulated diet. Senator mentioned as the drug of which he saw some good results iodide of potassium, which, however, was only indicated in cases of intestinal nephritis which increased arterial tension.

Treatment of Tuberculosis.—The subject next for discussion was the treatment of tuberculosis. Dr. H. Weber (London) opened the discussion, and recommended the treatment of phthisis in institutions (Heilenstalten) after the fashion of the English hospitals at Ventnor and in other places. Without underrating the value of a good climate, he believed that proper attention to food, exercise, etc., which could be properly supervised by the medical man, was of the greatest importance. Dr. Weber advocated the establishment of these sanatoria so as to be accessible to the poorer classes, and expressed the hope that the Congress would take the matter up. Professor Leyden followed, and strongly supported the views of Dr. Weber. Dr. Dettweiler who had paid special attention to the subject, followed in the same strain. Dr. Neffzer gave an interesting account of the Hospital for Consumption in America.

Other Papers.—In the afternoon several papers were read, including one of Dr. Adamkiewicz, on Intracranial Pressure. His views are well known. Professor Ebsterin and Nicolater demonstrated Renal and Vesical Calculi, consisting of oxamid, albuminous matter, and urine-coloring matter, which they produced by feeding animals with oxamid.

SECTION OF SURGERY.

Professor von Bergmann's Demonstration of his Aseptic Method.—On Monday, August 4th, in a

crowded theatre, at the surgical clinic in Negelstrasse, at which all the principal surgeons from various parts of the world were present, Professor von Bergmann briefly explained his aseptic method. He stated that for the past two years he had used nothing but aseptic muslin, which is very absorbent, and is sterilized in an apparatus which is steam jacketed, and into which an electric thermometer is inserted. The bandages are kept for half an hour in the steam oven at boiling point, the same method being employed as that which is used by Koch for his experimental pathology. The dressings are then placed in aseptic bags, which are only opened at the time of the operation. The silk ligatures and sutures are prepared in the same manner, and the catgut in an alcoholic solution of sublimate. For the most part the bleeding is arrested by torsion or by catgut. The instruments before use are boiled for five minutes in a 1 per cent. solution of carbonate of soda, where they remain until they are required, when they are taken out, dried with sterilised gauze, and handed to the operator. Should they require to be purified during the operation they are dipped in the carbonate of soda and again dried. This plan ensures not only complete purity but absolute immunity from rust. The patient, before the operation, is purified by washing with potash soap, and rubbed vigorously so as to remove all loose pieces of skin, etc., after which the skin is disinfected with alcohol 40 per cent. solution and sublimate 1 in 2,000. The brushes used by the operator and his hands are sterilised in the same manner as the patient's skin. The patient, at the time of the operation, is placed on a sterilized sheet, and all except the part to be operated is covered with sterilized towels. An operation was performed by the Professor and dressed in presence of the visitors. Such wounds are not touched for seven or eight days. Another patient was shown eight days after operation, and the dressings were removed before the visitors so that the condition of the wound might be exhibited. No suppuration had occurred. Other cases were also shown in which suppuration was present at the time of operation, such as tubercular joints, etc. In these cases the wound is stuffed with iodoform gauze for 48 hours, after which it is closed by sutures. Such wounds also heal readily and without suppuration. As the patients were shown the theatre echoed with applause, and much interest was displayed by the distinguished visitors.

Treatment of Tuberculous Peritonitis.—On Tuesday, August 5th, Professor König, of Göttingen, read a paper on the treatment of tubercular peritonitis. After giving an excellent account of the diagnosis of the disease, he insisted on several facts, to which he drew special attention. The disease occurred almost exclusively in women and children; out of 137 cases which he had collected, only sixteen had occurred in men. They were all characterised by great fulness of the abdomen from the fluid which it contained, and in most of these there was a very considerable amount of emaciation present; in some, lumps could be detected from the outside. It had been asserted that these cases were not really tubercular in origin, but there was no doubt that they were of this nature. He himself had proved it by the examination of some of the tuberculous masses which he had been able in one or two instances to scrape out. If such pieces as these were submitted to microscopical examination, they would be found to be undoubtedly tuberculous in character, and from their general character and naked-eye appearance, they would undoubtedly be recognised by the pathologist as an example of

miliary tuberculosis. On one occasion he had himself cut out a piece of omentum, and in it were abundant tubercle bacilli. His treatment now consisted in incising the abdomen, washing out as far as possible any tuberculous masses which were loose or could be easily loosened with water sterilised by boiling. Of his fourteen cases, seven remained well now, three had died from causes quite unconnected with the operation, and but one of the collapse caused by the operation itself, whilst he had lost sight of the remaining three. An inquiry into the subsequent history of all the cases of other operators as well as his own would show that the cure was at least fairly permanent. One case, the first ever opened (namely, Spencer Well's case) was well twenty-five years after, and a few others could be mentioned in which a considerable time had elapsed since the operation. In recent times, he ascertained that seventeen were alive one year after operation, thirty more two years after, and fourteen more three years after operation. At present we were not in a position to ascertain the source of infection. He thought in the majority of cases it depended on intestinal tuberculous lesions, and certainly in a great many instances it was the lungs that were the source of infection. As to the *rationale* of flushing the peritoneum in such cases, he was unable to offer any explanation that was quite satisfactory; probably it was to a certain extent due to the removal of the fluid and the consequent starving of the tubercle. Dr. O'Callaghan, of Carlow, Ireland, read a short paper on the same subject, in which he recorded the results of some eight or ten cases. He drew attention to the satisfactory character of the operation. He dwelt on the difficulty of diagnosis, and advocated a small incision into the abdomen in all doubtful cases where the abdomen was ascitic without good cause, and did not rapidly yield to medical treatment. The introduction of the experienced finger enabled a diagnosis to be readily made, and was far better than a leap in the dark with a trocar. In one of his cases, too, he had found the tubercle bacillus, so there could be no doubt of the tuberculous origin and nature of these cases.

SECTION OF PATHOLOGY.

The programme of the Pathological Section was one which promised to be of great interest, and it has completely fulfilled what was expected of it. Besides numerous papers, there were three discussions. One on the White Corpuscles (Leucocytes) and the part played by them in Tissue Formation, was introduced by Professors Ziegler, Marchand, and Grawitz. The second discussion on Lesions of the Myocardium was introduced by Professor von Recklinghausen and Professor Greenfield. The third discussion was on Tuberculosis, by Professors Raffick, Rollinger and Heller.

Leucocytes in Tissue Formation.—The discussion on Leucocytes was introduced by Professor Ziegler, on Monday, August 4th. The points raised by him may be stated shortly. When new tissue is being formed in a pathological process, it has always been a question whether it is formed by the development of the migrated leucocytes or by the cells proper of the tissue. Some pathologists ascribed all the new formation to the leucocytes, some to the cells of the tissue, while others consider that both kinds of cells develop into the new formation. Professor Ziegler's inferences may be stated in the form of paragraphs: 1. In many morbid processes which result in tissue formation the growing tissue contain numerous leucocytes which come from the

blood; these form an integral part of granulation tissue. 2. The cells forming the new tissue are not the leucocytes, but cells which are formed from the tissue cells, and which in an early stage of their formation are capable of changing their position in the tissue, that is, they are capable of combined movement. 3. The leucocytes take no active part in the formation of new tissue. 4. The multinuclear leucocytes which are present in growing tissue are for the most part taken up and destroyed by the developing cells of the tissue; these leucocytes are, in fact, the food of the growing cells. 5. The mononuclear leucocytes pass into the multinuclear form, and are then destroyed by the tissue cells. Professor Grawitz agreed with Dr. Ziegler in so far that he considers that the mononuclear leucocytes, when they become multinuclear, take no part in the new tissue formation; but in acute inflammation of connective tissue there are mononuclear cells which it is impossible to distinguish from the migrated leucocytes; and this being so, it is possible that the leucocytes may play some part in the formation of new tissue. Professor Marchand stated that in acute inflammatory processes which resolve, the leucocytes are either destroyed, or they pass back into the blood stream. He agreed completely with Ziegler in considering that in the healing process the formation of the new vacuolar connective tissue is due to the recently-formed cells of the tissue. The same holds good for inflammation of surfaces, as in the organisation of a thrombus, for example. As the newly-formed tissue cells closely resemble the leucocytes, Marchand would reserve the name "wandering cells" for the latter; or a better name would be "exudation cells," while the tissue cells would be called "tissue-forming cells" or granulation cells (*Bildungszellen*). Where there is prolonged destruction of the normal tissue formation, the tissue-forming cells either die or they become giant cells.

Pathogenic Microbes.—On August 5th the morning sitting of the Section was devoted to papers dealing with bacteriological subjects. Some of the points raised were of great interest. M.M. Cornil and Babes read a paper entitled *Des Associations Bactériennes dans les Maladies*. This is a suggestive subject, as it deals with the condition where two or more organisms are present in the disease. Their presence complicates the investigation of the disease experimentally. A simple example may be taken in the presence of an acute abscess due to the staphylococcus dyogenes aureus in a patient suffering from tubercle (due to the bacillus tuberculosis). Sometimes the organism which is inoculated after the first has established itself has not time to act, even if it is pathogenic; it thus generally becomes attenuated. This association the author divided into several classes, the chief of which are the following: The two microbes present may be both pathogenic and belong to closely allied varieties or to different varieties. An example of the latter condition is found in the streptococcus and bacillus which have been isolated in diphtheria. Also there may be a septic or a pyæmic organism present in the body which is primarily affected with an infectious malady. The microbe also which is secondarily inoculated may be localised in its action while the body is itself affected generally by the microbe primarily inoculated. A non-pathogenic microbe may be present with a pathogenic microbe, and may produce modified malady. Or a pathogenic microbe may be present with non-bacterial parasites.

Actinomycosis.—The paper and demonstration of

Professor Max Wolff on the etiology of actinomycosis were of importance. Dr. Wolff has succeeded in obtaining good cultures of actinomycosis in agar-agar. The first stage of their growth is in the form of rods, like bacilli. These rods then become elongated into fibres. In the animal disease club-shaped masses are formed, excellent examples of which were shown by Dr. Wolff. The inoculation of the culture in agar-agar of the actinomycosis into the peritoneum of the rabbit results in the formation of rounded tumors varying in size from a pea to a walnut, which show the typical club-shaped appearances of the animal disease. These club-shaped masses are then developed from the rods and fibres of the culture in agar-agar. Herr Gross (Cracow) followed later with a communication on the successful vaccination of actinomycosis in the anterior chamber of the rabbit's eye. This paper was interesting in connection with Dr. Wolff's. The case was one of actinomycosis in man, the tumour being situated in the mammary region, and attached to the ribs. It was punctured, and a few drops of blood only were obtained. This blood contained the rod-like forms described by Wolff as occurring in the agar-agar culture, and although Gross was not able to obtain an artificial culture, inoculation into the anterior chamber of the rabbit's eye produced a definite tumour with rosette forms. The eyes were shown, and presented an extremely inflamed appearance. The tumour was definite, and, in one case as large as a sixpence and about one-eighth of an inch thick.

SECTION OF PHARMACOLOGY.

The first meeting was held on Monday, August 4th, for the purpose of appointing officers, and Dr. Lauder Brunton was elected one of the Vice-Presidents. The early hour at which it was held prevented a large gathering, but the second meeting on Tuesday was largely attended, Schmiedeberg, Binz, Felhave, Kobert, and many other German pharmacologists to be present, as well as a large contingent from other countries.

Spermin.—The first paper read was by Professor Pohl, of St. Petersburg, on Spermin. Schreiner many years ago discovered that certain crystals found by Charcot and others in the semen consisted of an organic base, spermin, united phosphoric acid, and Laderberg and Obel two years ago stated

that it is identical with ethylenimin $\begin{matrix} \text{CH}_2 \\ | \\ \text{CH}^+ \text{NH} \end{matrix}$,

which can be made by warming ethylenediamin. Pohl has extracted spermin from an emulsion of the testical of young animals. He describes it as a colourless, tasteless syrup, capable of forming salts with acid, and showed crystals of the phosphate and hydrochlorate. He affirms that spermin slows and strengthens the heart's action, and stimulates the nervous and genital systems. He suggests the odor of castorein and musk may be due to the presence of ethylenimin.

Caffrin.—Professor Petrescu, of Bucharest, who has devoted much attention to the study of caffeine, gave reasons for believing that under some conditions it should be given in much larger doses than have hitherto been used. He had given 60 grains daily with advantage; especially must the dose be large, if it be required to influence the heart muscle. In commenting on this paper, the President remarked on the advantage which would accrue if the effect of varying doses of the older drugs were carefully investigated, instead of so much attention being directed to the new medicaments.

Papers were read in the section by Paulson, of Christiania, on the Poisonous Properties of the Liquid Extract of Male Fern; by Plugge on Andromedotoxin; and Corput on Poisoning by Phosphorus.

Chloroform.—The discussion on chloroform, to be opened by Dr. Lauder Brunton, was deferred until Wednesday, in order that it might take place in conjunction with the Surgical Section.

SECTION OF OPHTHALMOLOGY.

Capsulotomy.—On Monday, August 4th, the scientific work of the Section was introduced by Professor Knapp (New York) with a paper on Capsulotomy. All methods were objectionable except that of peripheral section and subsequent secondary operation. The latter was quite harmless, and alone able to effect a permanent cure. The old vertical incision in the capsule left a cicatrix, and so did free scraping of the capsule, while partial removal with forceps, with or without previous capsulotomy, was either successful or dislocated the lens, and causes loss of vitreous. MM. Dufour, Wickerkiewicz, Gayet, O. Haab, and Professor Schweigger spoke, and Professor Knapp replied. The discussion showed that every method had its advocates and its detractors.

Cataract.—Dr. Vignes (Paris) read a paper on operations for secondary cataract, and exhibited a new scissors for dividing secondary cataracts. Dr. Chisholm (Baltimore) presented a communication on the after treatment of cataract operations by isinglass plaster, the second eye being uncovered. Dr. Roosa observed that the method was neither novel or useful. Drs. Fuchs and Greening also spoke.

Trachoma.—On August 5th a discussion on trachoma took place, in which Drs. Raehlmann, Schmidt-Rimpler, Ivan Burnett, Chibret, Liebrecht, Sattler, Logetzchnikoff, Goldzieher, Wickerkiewicz, Heistrath-Konigsberg, Cohn, Knapp, Hirschberg, and Van Millingen took part. It seemed to be generally admitted that the principal disposing influences in the production of trachoma were race, climate, and hygienic conditions, some races and some districts being remarkably free from the disease, and the upper classes everywhere generally exempt.

Contagious Conjunctivitis.—Dr. Weeks (New York) read a paper on the pathology of acute contagious conjunctivitis.

Prophylaxis of Blennorrhœa Neonatorum.—Dr. Karl Grossmann (Liverpool) spoke on the prophylaxis of blennorrhœa of infants, and proposed three resolutions. 1. Each midwife ought to be instructed during her time of apprenticeship about the symptoms and treatment of infantile ophthalmia. This ought to be notified on her certificate. 2. In every case where the signs of an inflammation of the eyes occurs during confinement, the midwife should be compelled to give notice to a medical man (in case of the poor, to the parish doctor) or some other authority. 3. In case the midwife omits any of these points, her certificate should be withdrawn or a fine imposed. The Section was unanimously in favor of the above propositions, but it was thought wiser to leave the regulation of such matters to the authorities of each separate country, and not to come to any resolution on the subject.

Latent Strabismus.—Dr. Gradle (Chicago) exhibited an ingenious instrument for determining the angle in latent strabismus, and Dr. Berry (Edinburgh) showed a stereoscopic phenomenon, and Maddox's device for determining the point of

equilibrium of the ocular muscles. In the subsequent discussion, Jewal stated that astigmatism was usually the cause of asthenopia and latent strabismus, and Roosa asserted roundly that muscular insufficiency had no existence, but was always an effect of astigmatism. Landolt, Hirschberg, and Stevens protested against these views, and asserted their belief in pure muscular asthenopia.

Other Papers.—The following papers were also read:—1. M. Valude: A Pathogenical Study. 2. Dr. Schneller (Danzig): Contribution to the theory of squinting on the basis of Anatomico-pathological Researches. 3. Dr. Landolt (Paris): The determination of the Prisms in Ophthalmological Practice. 4. Dr. Swan M. Burnett (Washington): A Metric System of numbering and measuring Prisms with exhibition of an instrument for setting Prisms.

SECTION OF LARYNGOLOGY AND RHINOLOGY.

On August 4th an introductory address on the progress of Laryngology since the Congress of 1887 was given by Professor B. Frankel (Berlin), the chairman of the organizing committee for the Section. The constitution of the Section was then proceeded with, Professor B. Frankel being elected President, together with numerous honorary presidents for the different countries represented at the Congress.

Ozena.—The formal business was followed by several very interesting papers on the nature and treatment of ozena.

Diseases of Accessory Cavities of Nose.—On August 5th papers were read by Professor Schech (Munich) and Dr. P. McBride (Edinburgh) on the Diagnosis and Treatment of Diseases of the Accessory Cavities of the Nose, and the latter showed a photographic tub, which he had found to add materially to the efficacy of Professor Hering's through-illumination method in diagnosing empyema of the antrum. Dr. Vohsen (Frankfort) gave a demonstration of a method of illuminating the frontal sinuses with a view to diagnosis of suppuration in them. Professor Hering also exhibited a modified form of his antral illuminator adapted for the frontal sinuses.

Deviations of Nasal Septum.—Dr. E. J. Moure (Bordeaux) and Dr. Hartmann (Berlin) read papers on Deviations and Spurs of the Nasal Septum. The former described an electrolytic method of dealing with these when causing nasal obstruction, and the latter showed a series of preparations illustrating the mode of development of these septal irregularities.

Cancer of the Larynx.—At the third sitting of the Section in the afternoon Mr. H. T. Butlin (London) read a paper on the Diagnosis and Treatment of Cancer of the Larynx, in which he compared the results of thyrotomy, partial excision, and total excision for this disease, and dwelt especially on the careful selection of cases for operation and the means of warding off the complications which have hitherto been so disastrous, especially the securing of aësis locally and the keeping clear of the air passages. Papers on the same subject then followed from Drs. J. H. Bosworth (New York), Neumann, Pienazek, Stork, Chiari, etc.

SECTION OF PHYSIOLOGY AND PHYSIOLOGICAL CHEMISTRY.

The opening meeting of this Section, under Professor Dubois Reymond as President, on Monday August 4th, was of a formal character, for the purpose of electing the Committee and arranging the dates for the various papers and demonstrations.

In view of the experiments and demonstrations

the Section met in the Physiological Institute in the Dorotheenstrasse, and not in the Ausstellungs-Park, where all the other Sections (except the Pharmacological and Odontological) meet.

Election of Officers.—The following officers were elected: *President*, Dubois Reymond, Berlin. *Vice-Presidents*, Newell Martin, Baltimore; Bowditch, Boston; Burdon Sanderson, Oxford; Stirling, Manchester; Charles Richet, Paris; Chauveau, Paris; Albertoni, Bologna; Mosso, Turin; Exner, Norway; Hering, Prague; Danilewsky, Charkow; Alex. Schmidt, Dorpat; Holmgren, Stockholm; Hammarsten, Upsala. *Secretaries*, Heymans, Berlin; Langlois, Paris; Shore, Cambridge; Waller, London; Munk, Berlin; Ewald, Strassburg.

Nutrition of Medulla Oblongata.—On Tuesday, August 5th, Prof. Adamkiewicz (Cracow) read a paper on the Nutrition of the Medulla Oblongata and its Centre (with demonstration.) He said the chief vessels are constant in position and in corresponding situations at different sections of the medulla. The vessels entering the anterior fissure break up into a plexus of vessels in the substantia gelatinosa centralis, and from this the vessels radiate out into the grey matter. The hypoglossal nucleus is very richly supplied. This is the case also with the nuclei gracilis and cuneatus and the tubercle of Rolando. These all receive blood from a fringe of vessels passing through the white matter on the surface.

Muscular Contraction and Thermogenesis.—Dr. Chauveau (Paris) read a paper on the heat produced by muscular contraction. His chief point was that the production of heat, when a muscle contracts, is proportional to the extent of the contractions. In the discussion that followed, Von Frey (Leipzig) said he had found that with artificial circulation in a dog's muscle no simple relation existed between the heat developed and the work done. Dr. Rosenthal (Erlangen) said that when very small doses of strychnine were given the amount of heat developed was increased, but no simple relation was found between the amount of heat developed and the work done.

Respiratory and Cardiac Rhythm.—Dr. Meltzer (New York) presented a communication on the rhythm of respiration and heart's action. As the result of his experiments he considered that the varying results obtained by stimulation of the vagus on the respiratory rhythm depended largely upon the strength of the stimulus applied. Dr. Rosenthal (Erlangen) expressed the belief that the varying results were due rather to the way in which the vagi and laryngeal nerves were dissected out, so as to avoid an inflow of the stimulating current from one to the other.

Law of Growth.—Dr. Bowditch (Boston) read a paper on the law of growth, studied by Galton's method of percentile grades. He stated that the period of maximum growth, which occurs just before puberty, takes place earlier in children in the higher grades (the taller children) than in those of the lower grades. In the 90 percentile grade this maximum is at 14, in the 70 percentile grade at 15 years of age. This is true alike for height and weight. In girls the period of maximum growth occurs earlier than in boys, so that at a certain age girls are heavier and taller than boys. This female superiority occurs earlier in the higher percentile grades, but the superiority in height is not so great as in the lower grades. The reverse is the case as regards weight, the female superiority being more marked in the higher than in the lower grades.

The Cervical Sympathetic and the Epidermis.—Dr.

Arloing (Lyons) read a paper detailing his experiments on the connection of the cervical sympathetic nerves with the secretion and with the evolution of the epidermis. As the result of his experiments he found that there was a modification of the epidermis at the tip of the nose and round the eye after unilateral section of the sympathetic in the neck. Pilocarpin caused a larger secretion of the lachrymal gland on the side of the divided nerve. The author considered that inhibitory fibres for the gland ran in the cervical sympathetic. Professor Heidenhain (Breslau) said that the greater secretion on the cut side could be explained by the change in the circulation and the dilatation of the vessels, which assisted largely the action of pilocarpin.

Muscular Exhaustion.—Dr. Mosso (Turin) gave an account of his investigations on exhaustion. Experimenting with the gastrocnemius of man, he obtained different curves of the contraction after fatigue, dependent, apparently, on the development in minute quantities of some poison in the blood, and not on changes in relative quantities of oxygen and carbonic acid, or in the reaction.

At the afternoon meeting the following demonstrations and experiments were shown:

Innervation of the Heart.—Dr. Francois-Franck (Paris) presented a communication on external cardiography applied to the study of the heart's innervation and to cardiac poisons. In this experiment the pulsation of the ventricle and the changes of volume of both the auricles in a dog were simultaneously registered. He also showed that the auricles continued to contract during the vagus arrest of the ventricles.

Regeneration of Frog's Brain.—Dr. Danilewsky (Charkow), in a paper on regeneration of the cerebral hemisphere of the frog, showed that frogs which had been allowed to live six or eight months after removal of the cerebral hemisphere exhibited small white masses growing from the portion of the brain left. The new tissue consisted probably of nerve cells.

Other Papers.—Dr. Haycraft (Edinburgh) demonstrated the formation of Casts in Celloidin of Muscle Fibre of a Crab. The cast showed the same microscopical appearances as the fibre itself. Professor Von Frey (Leipzig) showed Hearts of Dog and Man hardened in diastole and in systole, showing the form of the cavities and orifices in different stages and the arrangement of muscle fibres. Dr. Sigmund Mayer (Prague) read a paper on the Stopping and Restoration of the Blood Current in the Head. He showed that in the rabbit, if the carotids and subclavians be ligatured and artificial respiration maintained, in some four minutes the muscular movements of the head are destroyed, while those of the rest of the body are maintained—in fact, that the condition of a dead head and live body is obtained.

[To be continued.]

Dr. A. P. Chadbourne (*Boston Med. and Surg. Journal*, June 26th, 1890) thinks that alkaline intravenous injection in diabetic coma will be likely to give the patient a few hours of complete consciousness, with the possibility of recovering from this almost hopeless condition, and that the chance of a favorable result is probably better if the operation is done as soon as the first signs of coma have been surely recognized.

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MONTREAL, SEPTEMBER, 1890.

SHALL CONSUMPTION BE STAMPED OUT?

In order to answer this great question let us consider it under three separate heads: 1st. Is it worth while stamping it out? When we remember that more people have died from this disease than from all the plagues, pestilences and famines during a given period, and when we think of the tremendous expenditures of time and money which have been made in order to keep these latter from spreading, there can hardly be any but the one answer to the question whether it is worth while making this fell disease of the lungs as much a thing of the past as we have made cholera and small-pox. The deaths from small-pox in civilized countries have been reduced to almost nothing, while the death rate from consumption for obvious reasons increases with the degree of civilization. The discoverer of vaccination, as one of the greatest benefactors of his race, has been justly overwhelmed with honors and emoluments; how much more worthy of distinction would

be the discoverer of a means of staying the spread of this most fatal of all human diseases.

2nd. Can it be stamped out? To this question we make the same reply as we have already made more than once during the last two years in these columns: consumption can be cured. At the Tenth International Congress recently held in Berlin, Koch, who was the first to discover the germ or bacillus of the disease, and who has been for several years searching for a means of destroying it or rendering it ineffective, made the announcement that he had at last discovered a remedy. But he did not yet feel warranted in giving his results to the profession. We understand that he has found a germicide which will kill tubercle bacilli without killing the patient. Some seem to think, however, that his discovery lies rather in the direction of prevention by inoculation than in that of cure by germicides. For our part, we believe that in lieu of something better we have the means of stamping out the disease already within our reach. But for its application a hearty and entire belief in its infectiousness by dissemination of germs from the respiratory tract is absolutely necessary. If the profession as a body still believes that it is hereditary; or if it believes that it is a nervous disease or a visitation of providence, or that it is due to a "cold settling on the lungs," then it is useless to talk of even checking its spread. It seems so clear that it is a zymotic disease communicated by germs taken in sometimes by the stomach but in the immense majority of cases by the air passages, that we have no patience to argue with those who think differently. The evidence places the matter beyond controversy. Supposing it were possible that the whole profession at once adopted the view that the disease is infectious and that the public was at once taught that sputa and expired air of consumptives should be disinfected, just as much as the clothes of small-pox patients, and supposing

ing that consumptives themselves could be induced or compelled to be isolated, and that the governments of every land could be sufficiently enlightened to provide comfortable hospitals and homes for consumptives, then when every one who now has the disease shall have passed away, the fell scourge would disappear forever from the habitation of man. As enlightened and philanthropic men let us each do our share towards limiting the area surrounding every known case in our respective localities, and we can thus save thousands from a sad and lingering death.

THE CANADA MEDICAL ASSOCIATION.

The annual meeting of this association was held at Toronto, on the 9th, 10th and 11th of September, and for several reasons deserves some mention. In the first place, it was far from being satisfactory in numbers. When we consider that it occupies, or should occupy, the same position in this country as the British Medical Association does in England, surely there should be more than eighty members present on the day of the largest attendance. In fact, there were so few members present that it was deemed inexpedient to divide up into sections, as even on two of the days, the attendance was so small that many of those who had prepared papers thought that it was not worth while to read them.

Something must be done to increase the interest in this, the principal medical meeting of the Dominion. One difficulty it labors under is that no matter where it is held, it must be a long distance for the majority to travel. On the other hand, it would give us an opportunity of knowing something more about our own great country. There are many who go to Europe who would spend their time to more advantage in visiting their own native land. Another draw-back is the very ungenerous treatment extended to it by the two railway companies. The secre-

tary informs us that he had the greatest difficulty in obtaining the concession from them of tickets at a fare and a third, while anybody and everybody was buying his ticket at two-thirds of the single fare a few days later on the occasion of the exhibition. Another draw-back to the success of the meeting when held in Toronto, is the existence of the powerful Ontario Medical Association, which meets every year in Toronto, and at whose meetings there are generally two or three hundred members present. Of course, those who attend this meeting do not attend the meeting of the Dominion Association held a few weeks later. Several ways have been suggested for remedying this difficulty, but we can hardly see any practical solution of it, except to hold the Dominion meeting at the same time as the Ontario meeting, when it is Toronto's turn to have it. Another cause of failure which could be easily remedied is the non-adherence to the laws of punctuality and parliamentary debate. The president and secretary of all meetings should be instructed on two or three essential points.

Firstly.—To be there themselves a few moments before the hour on the first day for opening the meeting and to begin proceedings exactly on time. If necessary, the number required to form a quorum might be reduced to three or four, as there is no mistake greater than waiting for the last man to come before beginning the meeting. For in that case there will be no use of the first man coming.

Secondly.—The rule, that no reader of a paper should occupy more than 20 minutes and that no one in discussion should be allowed to speak more than 5 minutes, and that no one should be allowed to speak twice on the same subject, unless in explanation, should be rigidly enforced, without fear or favor. Owing to the lack of observance of this salutary rule one gentleman occupied over an hour in reading reports of cases, while two gentlemen with

short, crisp, and interesting papers, went home without reading them for lack of time.

Thirdly.—The meeting should break up into sections at a fixed hour every morning and afternoon, instead of allowing long rambling discussions at the dilatory general meeting, to use up the whole day.

Fourthly.—Work and not play should be the first order of the day. The social part of the proceedings should be relegated to the three evenings or late afternoons instead of taking valuable time, in which many of the valuable papers should have been read and discussed.

Fifthly.—If a dinner is to be held at all it should be given on the first night and not the last, when many of the members have to leave by the evening train or else lose a whole day from their practices. We regret to say that at the Toronto meeting owing to the dinner being held on the last night, there was only one representative of the Montreal contingent able to remain over to it. "*Experientiâ docet sapientiam.*"

We trust that the secretary for the Montreal meeting next year, may profit by the above remarks.

THE TENTH INTERNATIONAL CONGRESS.

We devote considerable of our space in this issue to the report of the proceedings of the most remarkable gathering of medical men that has ever been held since the world began. Although there are some who hold that no real work is done at these large assemblies, we still maintain that they mark the mile posts of medical progress, for the simple reason that the great students and pioneers in research reserve their most important communications for these meetings. While it is true that the work is not done there, but during the three years of practice and laboratory research, the result of three silent years of work are then communicated to the world. Whether this is the case or not we shall

leave to our readers to judge for themselves.

The social part of the proceedings was certainly the most elaborate that have ever been prepared at any of the Congresses. From the moment of their arrival until the hour of their departure the guests, to the number of seven or eight thousand, were entertained in the most lavish manner by the Government of Germany, the Municipality of Berlin, and the Profession of Berlin. The reception in the Rathhaus was one which will never be forgotten by those who took part in it. The large hall and every other room in the entire building was thrown open to the guests. In every room there was a large table loaded with refreshments, and the best of wine was as plentiful as water. The wives of the visiting doctors were taken in charge every day by a committee of ladies, composed of the wives and daughters of the Berlin physicians, and were thus prevented from feeling lonely while their husbands were attending the meetings.

Although there were a great many more present who failed to register, there were 5,737 registered physicians present, made up as follows:—

Berlin, 1,166; Germany, outside of Berlin, 1,752; Austria, Hungary, 262; Great Britain and Ireland, 158; Holland, 112; Belgium, 62; Luxembourg, 2; France, 179; Switzerland, 67; Italy, 146; Monaco, 1; Spain, 41; Portugal, 5; Sweden, 108; Norway, 52; Denmark, 139; Russia, 429; Turkey, 12; Greece, 5; Roumania, 32; Servia, 2; Bulgaria, 5; United States, 659; Canada, 24; Brazil, 12; Chili, 14; Mexico, 7; other countries of America, 30; Egypt, 8; Cay Colony, 1; other parts of Africa, 5; China, 2; Japan, 4; E. Indies, 2; Dutch E. Indies, 2; Australia, 7.

Unfortunately, the weather was excessively warm in Berlin at that time, as was in many other countries; and the buildings for holding the general and section meetings were inadequate for the pur-

pose, either as regards space, accoustic properties, and especially ventilation, which it appears was as bad as could be. This was the more remarked upon, as hygiene is the great forte of German medicine; and it was rather paradoxical to be listening to long treatises on ventilation while one was being suffocated for the want of air.

Virchow was the President, and seems to have given satisfaction, although very few could hear what he said.

Lassar was the general secretary, and from all accounts he seems to have been unable to handle the enormous amount of work which the organization of such a meeting entailed.

Among other things of interest, the drill of the Berlin Fire Brigade was to take place at 8 o'clock on a certain morning, and no physicians present to witness it, although the men were kept awaiting the doctors' arrival until 11 o'clock,—owing to the general secretary having forgotten to announce it. One of the principal objects attained by the meeting was the bringing together of so many members of the profession, which we feel sure does more than any thing else to strengthen it. If there were more social meetings of medical men in every locality, a general improvement in their feelings towards each other would soon be manifested. Several of the English-speaking members were disappointed at their papers not being listened to by the meeting in general. But this might be expected when we consider that over three thousand of those present were German, or from German speaking countries. We would recommend any one attending Congresses in future, intending to read papers, to be particular to read them in the language of the country in which the Congress is held; the next one being convened for 1893 in Rome. The first complaint was made by the Germans and the French at the last Congress held in Washington. On the whole, however, we consider the Tenth International Congress of Berlin a grand success.

BOOK NOTICES.

JUST READY; A TEXT-BOOK OF PRACTICAL THERAPEUTICS WITH ESPECIAL REFERENCE TO THE APPLICATION OF REMEDIAL MEASURES TO DISEASE AND THEIR EMPLOYMENT UPON A RATIONAL BASIS. By Robert Amory Hare, B. Sc., M.D., Clinical Professor of Diseases of Children and Demonstrator of Therapeutics in the University of Pennsylvania; Laureate of the Royal Academy of Medicine in Belgium; of the Medical Society of London; member of the American Association of Physicians; Secretary of the Convention for the Revision of the United States Pharmacopœia of 1890; Physician to St. Agnes Hospital and the Dispensary of the Children's Hospital, Philadelphia. In one very handsome octavo volume of 632 pages. Cloth, \$3.75; leather, \$4.75. Lea Brothers & Co., Publishers, 706 and 708 Sansom Street, Philadelphia.

The publishers take great pleasure in announcing the early appearance of a new work on Therapeutics, planned on lines which will secure for it a leading position as a text-book and work of reference. The author's large experience in experimental, didactic and clinical work has peculiarly fitted him to produce a volume containing all that is latest and best in the application of remedial measures, and to present this material in a way which will not only impress it firmly upon the mind of the student, but which will also render it of daily service to practitioners by reason of its definite instructions as to the choice of various agents which may be employed. A feature distinguishing this work from all others in its inclusion, within one cover, of a text-book on Therapeutics proper and a text and reference-book on treatment. This latter division occupies at least one-half of the work with clear directions for the therapeutic measures to be employed in any given disease, together with the reasons for choice of drugs according to the varying stages and symptoms. It is unnecessary to enlarge upon the advantage to the physician and student, of having at instant command a statement of the properties of his agents and of the rational methods of using them, each part being written with especial reference to the other. In the portion of the work dealing with treatment, the author has secured the assistance of gentlemen well known in connection with special subjects. Thus, Dr. Barton Cooke Hirst writes upon treatment of diseases of the puerperal state; Dr. G. E. De Schweinitz upon treatment of diseases of the eye; Dr. J. Howard Reeves upon treatment of diseases of the throat and nose, and Dr. Edward Martin upon antiseptics and the treatment of venereal diseases. From these considerations it is easy to justify the confidence with which the publishers look forward to the future of this work.

THE NEW TREATMENT OF PERITONITIS. Lanphear. Reprint from Kansas City Medical Index, July, 1890.

REFORMATION IN THE PRACTICE OF MEDICINE BY THE DOSIMETRIC METHOD OF PRACTICE. Or the method of small doses of the active principles of plants, mathematically measured and scientifically adapted to the varied abnormal conditions. With Biographical sketch of Dr. Ad. Burggraeve, by J. E. MacNeill, M.D.

THE SEWERAGE OF COLUMBUS, OHIO. Address of Col. George E. Waring, Jr., at Board of Trade Auditorium, Columbus, O., Monday evening, June 23, 1890, and Discussion Following.

DOSIMETRY IN COLORADO. By Dr. J. E. MacNeill, Denver, Col. Member of the Institut Dosimetrique, Paris; U. S. Examining Surgeon, Pension Bureau, etc.

DRS. BOURNEVILLE AND BRICON'S MANUAL OF HYPODERMIC MEDICATION. By G. Archie Stockwell, M. D., F. Z. S. (Member of New Sydenham Society, London.)

PRACTICAL SANITARY AND ECONOMIC COOKING adapted to Persons of Moderate and Small Means, by Mrs. Mary Hinman Abel. The Lomb Prize Essay. Inscription: "The Five Food Principals, Illustrated by Practical Recipes."

PERSONAL.

Dr. John Elder, B.A. (McGill, '85), of Hunt-
ingdon, is about to take up his residence in
Montreal.

Dr. Roddick, who was absent in Europe, and
unable to attend the meeting, was elected presi-
dent for next year.

Dr. Laphorn Smith read two short papers,
which elicited considerable discussion. They
will appear in another column of this journal.

Drs. Shepherd, James Bell, George Arm-
strong, F. R. England, Laphorn Smith, Birkett,
T. Rodger and A. Proudfoot attended the
meeting of the Canada Medical Association.

Dr. James Bell having resigned from the
office of general secretary, Dr. Birkett was
elected in his place. He was instructed to write
to every medical society in Canada, requesting
it to send representatives to the next meeting.

J. A. Loring, M.D., (McGill, '83), of Chicago,
was in town for a few days. Since settling in
the great western city the doctor has received
the appointment to the eye and ear department
of the West Side Dispensary of the College of
Physicians and Surgeons.

Mrs. M. Mills, widow of the late Major Hiram
Mills, M.D., has been spending a few weeks in

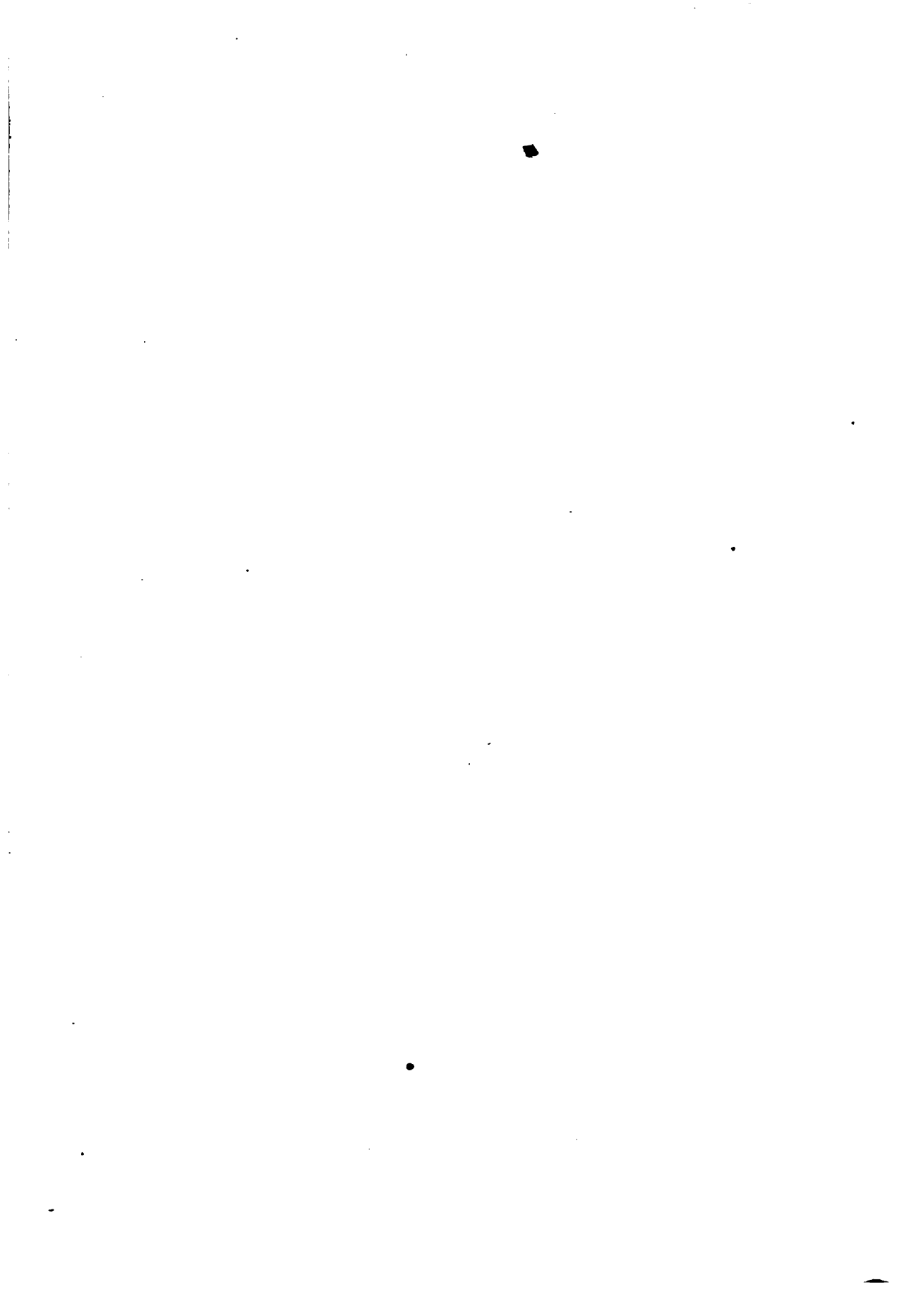
Montreal, the guest of Dr. Reed. She visited
the Western Hospital, and was much interested
and pleased with the general renovation now
going on in the institution founded by the
Major.

There appears to be a slight feeling of jealousy
in medical matters as well as in commercial
matters between the cities of Toronto and Mont-
real. Several of the doctors in Toronto object
to the secretary being nominated from Montreal
for so many years, forgetting that the treasurer
has been taken from Toronto during the same
time.

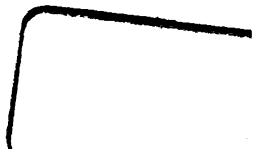
NEWS ITEMS.

"Friedrichshall Water has an ancient and
established reputation amongst the aperient
springs of Europe. Its vogue is increased by
the care which is now taken to prevent the
dilution which formerly occurred, owing to the
mode of caption, so that it is now possessed of
a strength some 20 per cent. greater than it
could formerly claim. It has recently been
carefully studied and warmly recommended by
Professor Nothnagel, whose high clinical au-
thority establishes anew its claims to favour."
British Medical Journal, August 23, 1890.

During his stay at Homburg the Prince of
Wales is living, as usual, at the Villa Impériale.
His Royal Highness's life is most regular. About
seven o'clock in the morning he goes to the
spring, which is a few minutes' walk from the
house, where he finds the Duke of Cambridge
and the Duke of Teck, besides a curious crowd.
He drinks two or three glasses of water, and
then walks up and down among the many
guests, listening to the band. At nine o'clock
he returns to the house and breakfasts on the
verandah, after which he reads the newspapers
until ten. Lying on the chair beside him are
always to be seen numerous pamphlets, some
French works on strategy, and a huge pile of
Blue-books. From ten until one the Prince
works. At one o'clock he lunches, usually at
the Park Hotel, but sometimes, though less
often, on the terrace of the Kurhaus. After-
wards he drives in the mountains or has tea on
the balcony. At 7 he dines with about half-a-
dozen guests, on the terrace of the Kurhaus,
while the band plays in the Kurgarten Pavilion.
After dinner, about nine o'clock, the Prince
and his guests go down to the Kurgarten to
listen to the concert, sometimes seated in one
of the first rows of chairs, sometimes walking
up and down. At eleven the Prince returns
home. He seldom goes to bed later than mid-
night. He looks exceedingly well, and every
one is enchanted with his simplicity and kind-
ness. Before going to bed the Prince takes one
or two glasses of Apollinaris water with lemon
juice.



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